DOCUMENT RESUME

ED 092 405 SE 017 995

TITLE Situation Report--Austria, Cameroon, Canada, Czechoslovakia, Denmark, Egypt, France, German Federal Republic, Greece, Hungary, Irish Republic, Jamaica, Malta, Norway, Sabah, Sarawak, Spain, Tahiti (French Polynesia), Tonga, Turkey, and United Kingdom.

INSTITUTION International Planned Parenthood Federation, London (England).

PUB DATE 74

NOTE 73p.

EDRS PRICE MF-$0.75 HC-$3.15 PLUS POSTAGE

DESCRIPTORS Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in 21 foreign countries are presented in these situation reports. Countries included are Austria, Cameroon, Canada, Czechoslovakia, Denmark, Egypt, France, German Federal Republic, Greece, Hungary, Irish Republic, Jamaica, Malta, Norway, Sabah, Sarawak, Spain, Tahiti, Tonga, Turkey, and United Kingdom. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel; government attitudes; legislation; family planning services; education/information; training opportunities for individuals, families, and medical personnel; research and evaluation; program plans; government programs; and related supporting organizations. Bibliographic sources are given. (DT)

Situation Report

Distribution *

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Country AUSTRIA Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

ED 092405

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		195,000 sq. kms.[1.]
Total Population	7,172,000 (1963 estimate)[1.]	7,456,403 (1971)[1.]
Population Growth Rate		0.5% (1972)[1.]
Birth Rate		13.8 per 1,000 (1972)[1.]
Death Rate		12.6 per 1,000 (1972)[1.]
Infant Mortality Rate		25.1 per 1,000 (1972)[1.]
Women in Fertile Age Group (15-44 yrs)		893,345 (1969 estimate)[2.]
Population Under 15		14%[3.]
Urban Population		51% (1971)[1.]
GNP Per Capita		US$2,200 (1971)[4.]
GNP Per Capita Growth Rate		4.1% (1960-71)[4.]
Population Per Doctor		535 (1971)[5.]
Population Per Hospital Bed		92 (1971)[5.]

SE 017 995

1. UN Demographic Yearbook 1972.
2. UN Demographic Yearbook 1970.
3. 1973 World Population Data Sheet, Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT AUSTRIA MAY 1974

GENERAL BACKGROUND

Austria is a Federal Republic of nine provinces. A comprehensive social welfare scheme includes child and maternity allowances. Education is free and compulsory for ages 6 to 15. The majority of the population is Roman Catholic. The fertility rate per thousand women aged 15 to 44 was 79 in 1970. A crude estimate of the annual number of illegal abortions is 30-50,000 - or 25-40 per 100 live births.

PLANNED PARENTHOOD SITUATION

Advice and services are available from Osterreichische Gesellschaft fur Familienplanung (OGF) and local government clinics in the university, maternity and district hospitals.

PLANNED PARENTHOOD ASSOCIATION

Osterreichische Gesellschaft fur Familienplanung (OGF),
Universitats Frauenklinik II,
Spitalgasse 23,
1090 Vienna.

President: Professor H Husslein

The OGF was founded in 1970 and became a member of the IPPF in 1971.

Government Policy

The Secretariat of State for family policy and planned parenthood (established in 1971) plans to set up planned parenthood centres where the public may obtain medical, legal and psychiatric advice.

Legislation

There is no law against contraception. Male and female sterilisation may only be performed for therapeutic reasons. Abortion is presently prohibited except on grounds of serious damage to the health of the woman. A new abortion law passed early in 1974 will come into effect from January 1975. The law permits first trimester abortion on request.

Services and Methods

The planned parenthood clinics offer all methods of contraception. In 1970 about 14% of women aged 15 to 44 years took oral contraceptives.

Information and Education

Sex education, based on official curricula, is compulsory in schools. The training of teachers and teaching staff is viewed as a priority. The Ministry of Education has provided funds for the production of a film on sex education. The OGF publishes information material and cooperates actively with radio, television and the press in programmes and articles on planned parenthood and sex education. The OGF cooperates with the Sociological Institute of the University of Vienna in planned parenthood research.

IPPF Aid

£6,000 in 1973.

Situation Report

Distribution *

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Country CAMEROON Date JUNE 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		476,000 sq. kms.
Total Population	5,079,000	6,200,000 (1973)[1].
Population Growth Rate		2.0% (1965-68)[1].
Birth Rate		43.1 per 1,000 (1965-70)[2].
Death Rate		22.8 per 1,000 (1965-70)[2].
Infant Mortality Rate		137.2 per 1,000 (1965)[3].
Women in Fertile Age Group (15-44 yrs)		2,113,560 (1968)
Population Under 15		39% (1965)
Urban Population		6.6% (1962-64)
GNP Per Capita		US$200 (1971)
GNP Per Capita Growth Rate		3.7% (1965-71)[4].
Population Per Doctor		25,956 (1971)[2].
Population Per Hospital		305 (1970)[2].

1. 1973 World Population Data Sheet, Population Reference Bureau Inc.
2. UN Statistical Yearbook 1972.
3. UN Demographic Yearbook 1971.
4. World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

017 995

GENERAL BACKGROUND

The United Republic of Cameroon lies on the west coast of Africa with Nigeria to the north, Chad and the Central African Republic to the east and Congo (Brazzaville) and Gabon to the south.

The Eastern Province, formerly French Cameroon, (432,000 sq. kms.) became independent on 1st January 1960. The Western Province, formerly Southern Cameroon (44,000 sq. kms.) under British rule, became independent on 1st October 1961. The Federal Republic of Cameroon, comprising the Eastern and Western Provinces, was proclaimed on 1st October 1961. In May 1972, the two Cameroons united and became known as the United Republic of Cameroon.

The Northern Cameroons decided by referendum to unite with Nigeria in June 1961.

Cameroon has never had a nationwide census, although regional sample surveys covering the whole country have been made since 1960. Complete surveys of Yaoundé and Douala in 1968 indicated populations of 135,000 and 228,000 respectively. A nationwide census is about to be taken by the Ministry of Planning and Territorial Development, Department of Statistics, Population Studies Section.

Ethnic Groups

There are over 200 tribes.

Language

Official languages are French and English. French is used more frequently at national level. There are, however, more than 70 local languages and dialects.

Religion

Most Cameroonians follow traditional beliefs. Approximately 19% are Muslim and 33% Christian (21% Roman Catholic).

Economy

In 1972, a new policy was launched to mobilise the ruling party, the National Union of Cameroon (UNC); it was entitled 'All and Everything for Development'.

The Government's general economic policy is to increase production and productivity with priority to the agricultural sector. However, the people in the four northern departments of Cameroon have suffered from the drought which has hit the Sahel.

Cameroon has one of the highest incomes per capita in tropical Africa, though the basis of its economy is still essentially agricultural. The most important cash crops are cocoa, coffee, rubber and palm oil. Bananas have declined in importance in export earnings over the last few years, and many plantations have been converted by the Cameroon Development Corporation to more profitable crops.

The industrial sector in East Cameroon, like the plantations in West Cameroon, was well-developed before independence, and has grown steadily since, based on aluminium and chemicals, especially rare gases.

Douala is the main commercial centre and port.

Communications/Education

Radiodiffusion du Cameroun, located in Yaounde, and other stations in Douala, Garoua and Buea broadcast in French, English and local languages.

Newspapers	3 copies per 1,000 people(1970)
Radio	37 sets per 1,000 people (1969)
Cinema	3.5 seats per 1,000 people (1969)

The main rail links are between Douala and Yaoundé, and Yaounde and Belabo. The second section of the Trans-Cameroon railway (327 km. from Belabo to Ngaoundere) is due to be completed later this year.

The main airports are in Douala, Yaoundé and Garoua. Cameroon Airlines operates all internal flights as well as international flights to Europe.

British and French shipping lines call at Douala and Victoria. Douala is the main commercial centre and port and there are plans for its improvement and modernisation.

66% of the children in Cameroon attended school in the 1972 academic year. However, provision of schools varies from region to region: whereas all children of primary school age in the central-southern part of the country are now provided for, only about 20% of the children of that age-group in the northern areas receive any schooling at all.

Between 1967 and 1972, the number of secondary school places increased from 36,000 to 65,360.

The University at Yaoundé, founded in 1967, was built and is maintained almost entirely by French aid, and now includes seven schools. In 1972 4,500 students were enrolled, of whom only 30 came from the underdeveloped northern area.

A major immediate aim in education is to harmonize the two systems (French and British); this should be accomplished by 1976. Bilingual teaching was introduced in primary schools for the first time in autumn 1972 as part of this policy. It is also in line with the 1972 Constitution which states that the country will be bilingual.

The Federal University of Cameroon was established in 1962 and in 1969 had a total of 1,405 enrolled students. Some students go to France, U.S.A., U.S.S.R. and the U.K. for higher education.

The Centre Universitaire des Science de la Santé, a new health and medical training complex, incorporates family planning into MCH training in courses at different levels.

Medical/Social Welfare

Government and Christian missions maintain medical centres and hospitals but no welfare services cover the entire population.

Gonococcial infections are widespread, and sterility is an important problem.

In descending order of importance, the major causes of mortality are malaria, gastro-intestinal infections, tuberculosis, measles and cerebral meningitis.

Women are given paid maternity leave from employment, and children's allowances are given to families with not more than 6 children.

Life expectancy for both sexes is 41.0 years.

The majority of the people are engaged in agriculture; only a few women are employed in salaried jobs. Hotel and catering workers, domestic servants, merchants and secretaries are, in most cases, men. Women are handicapped not only by lack of education and training: employers give the following reasons for hiring men instead of women: the man can be used as a factotum; the woman is very often not available; the woman is unstable in her work, and the benefit of a woman's work is less than that of a man.

FAMILY PLANNING SITUATION

There is neither a family planning association, nor any government programme. A few private doctors prescribe orals and insert IUDs.

Attitudes

In June 1968, the Government confiscated equipment, records and supplies of a weekly contraceptive clinic in Tiko, West Cameroon. In 1970, the Government considered the country under-populated and stated that it 'does not practise nor does it contemplate any measures to limit population growth until the target population of 15 million is achieved'. This is still its policy, however it is now prepared to allow family planning as protective health measure. In some urban health facilities both advice and services for family planning are now being provided. Government has in the past been more concerned with the problems of sterility and subfertility than with population growth.

Local custom encourages premarital relations primarily to prove fecundity and sterility is the only valid ground for divorce.

Legislation

Prison sentences and fines are imposed on those who advocate or divulge information about contraception in public meetings or public places or through the mail. However, doctors may advise on contraception in private consultation, as they see fit, and pharmacists may sell contraceptives on medical prescription.

Government Institutions

The Cameroonian Government is trying to improve its vital demographic statistics and statistical services. The Office de la Recherche Scientifique et Technique Outre-Mer and the Societe d'Etudes pour le Developpement Economique et Social have made several demographic studies.

In Yaounde there is a UN statistical training centre, Centre International de Formation Statistique, which trains middle-level statistical technicians for all sub-Saharan francophone countries. The Centre was established in 1969 by the Economic Commission for Africa (ECA).

The Institut de Formation et Recherche Démographique, opened in 1972, conducts training courses. As yet no resources are available for research.

OTHER ORGANISATIONS

USAID has assisted the Government in a multidonor project for the development of a regional institution for training physicians and other health workers with greater emphasis on the integration of public health, preventive medicine, including child spacing, clinical medicine and the implication for extending low-cost methods of health protection and improvement to all the population.

USAID has had a contract with Northwestern University for an Urban Fertility Study in the cities of Douala and Yaounde. The Study provided information on the socio-cultural aspects of rapid population growth.

United Nations provides scholarships for the International Statistics Centre at Yaoundé.

Church World Service has a limited family planning programme.

Family Planning International Assistance has provided medical equipment to church-related family planning programmes.

Pathfinder Fund has sent contraceptives to Cameroon.

Population Council has provided fellowship support.

Sources

Africa Contemporary Record 1972-73.

Africa South of the Sahara 1974.

Population Program Assistance 1972, USAID.

Situation Report

Distribution *

Country CANADA

Date APRIL 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1961 (Census Results)	LATEST AVAILABLE FIGURES
Area			9,976,139 sq. kms.[1.]
Total Population	14,009,429 (1951 census)	18,238,247	21,568,310 (1971 census)[2.]
Population Growth Rate		2.2% (1958-61)	1.2% (est. 1971-72)[2.]
Birth Rate		26.0	16.8 per 1000 (1971)[2.]
Death Rate		7.7	7.3 per 1000 (1971)[2.]
Infant Mortality Rate		27.2	17.5 per 1000 (1971)[2.]
Women in Fertile Age Group (15-49yrs)		4,221,451	5,281,720 (1971)[2.]
Population Under 15		34%	29.6% (1971)[2.]
Urban Population	66.6% (1956 census)	69.6%	76.1% (1971)[2.]
GNP Per Capita			$4,737 (1972)[2.]
GNP Per Capita Growth Rate			2.7% (1950-71)[2.]
Population Per Doctor			666 (1971)[3.]
Population Per Hospital Bed			60 (1971)[4.]

1. 1972 Canada Yearbook.
2. Statistics Canada
3. Health Economics and Statistics Division. Department of National Health and Welfare.
4. Hospitals Section, Statistics Canada.

* This report is not an official publication but has been prepared for informational and consultative purposes.

E 017 995

IPPF SITUATION REPORT CANADA APRIL 1974

GENERAL BACKGROUND

Canada is a federal state made up of ten provinces and two northern territories. Although the land area is large and the population is relatively small, resulting in a density of 2 persons per square kilometer, concentration is high in a 150 mile wide band along the southern border while vast areas in the north are sparsely inhabited. Two cities, Montreal and Toronto have over two million inhabitants and other cities have populations of between 200,000 and one million. The capital is Ottawa with a population of 536,000. Immigration has been an important factor in national development, over 3,000,000 immigrants having settled in Canada since 1945.

Ethnic

Native-born Canadians are mainly of European, in particular English and French descent. There are an estimated 244,000 Indians and 22,500 Eskimos.

Language

English and French are the official languages. French speakers form 26.9% of the total population and are chiefly concentrated in the province of Quebec.

Religion

Canada is predominantly Christian with approximately 44% of the population being Roman Catholic. The other two large dominations are the United Church (20%) and the Anglican Church (13%). There are also Presbyterian, Lutheran, Baptist, Jewish and Orthodox groups.

Economy

The Canadian economy expanded almost continuously in the post-war years. Some changes have taken place in the structure of the labour force during the past two decades. In 1951, about 16% of the labour force was involved in agriculture and by 1971 this figure had fallen to 7%. There has been a great increase in the trade, community, business and personal service industries, which together absorb over 40% of the labour force.

Another important change in the composition of the labour force has been the increase in participation of women. Today, women constitute about one-third of the total labour force compared to 22% in 1951. Notwithstanding the economic growth, Canada experienced relatively high levels of unemployment during the early and late sixties, and this continued into the seventies. The unemployment rate rarely fell below 6% during the last three years.

Communications/Education

An extensive road, railway and river network covers most of the country. Internal air communications are important.

In 1971, Canada had 120 daily newspapers. Circulation was about 4,572,000- approximately 84% in English and 16% in French. In addition, there was a total of 87 ethnic daily or weekly newspapers published in many languages. Radio and television services cover almost the entire country. The Canadian Broadcasting Corporation carries programmes in English and French.

Education is a provincial responsibility. It is free and compulsory, but the period of compulsory education varies from province to province. In 1972-73 a total of 6.31 million students, or about 28% of the total population were enrolled fulltime at all levels of education. The enrolment rate at primary, secondary and post-secondary levels has risen by 19% during the last decade. The rate of investment in education is about 9% of the GNP and is the highest in a developed country.

Medical/Social Welfare

Important health, income security and social welfare programmes have been instituted or developed on a nation-wide basis. Advances include the institution of hospital insurance and medical insurance programmes administered by the provinces with one half of the cost met by Federal Government. A broad social assistance programme, the Canada Assistance Plan is implemented under federal-provincial cost sharing agreements to provide aid to needy individuals and families including special health services and persons in homes for special care; the plan also applies to child welfare costs. In a new programme which went into effect on January 1, 1974, family allowances have been increased from $7.21 to $20 per child. This allowance was also made taxable which means that it can be taken back from those who do not need it. This programme aims at better redistribution of the wealth.

FAMILY PLANNING SITUATION

Family planning information and education services are provided by the member associations of the Family Planning Federation of Canada, by private doctors and by some health department and hospitals. In 1970, the Federal Government announced a programme of public information, training and research in family planning and in 1972 a Family Planning Division was set up within the Department of National Health and Social Welfare. Family planning clinics are operated by some local family planning associations and by a few local departments of health. Physicians in private practice play a crucial role since many Canadian couples look to their family doctors or gynaecologists for help in these matters.

The role of the pharmacist in family planning is also an important one. It has been estimated that approximately 50% of the couples who regularly use contraceptives do not maintain a contact with the physician or health service. Instead they rely on products sold over the counter without prescription. There are also indications that pharmacists are increasingly involved in providing information regarding the relative effectiveness of various methods of contraception and their proper use. Many distribute birth control pamphlets.

Contraceptive information, counselling and referral are increasingly provided by public health nurses, social workers, teachers, clergymen and others.

Although family planning services are generally available to middle class married couples, they are less accessible to the poor, to unmarried youth and to native peoples.

Attitudes

The legal restrictions on the advertisement, sale and giving of information on contraceptives, and the opposition of the Roman Catholic Church have been serious obstacles to the development of family planning. In the early 1960s silence on the subject was broken and a general public debate spread, particularly after the ban on any discussion of birth control on radio and television was lifted in 1965.

A minority of Roman Catholic opposition persists but most of the hierarchy have come to terms with the problems of a modern and pluralistic society. The Anglican Church which contributes to family planning activities in Canada and abroad, the United Church of Canada, and the Presbyterian Church of Canada are members of the Family Planning Federation of Canada. What controversy exists is mainly concerned with the acceptability of providing services to the unmarried and to the minors, without parental consent.

Legislation

A 1969 amendment to the Criminal Code legalized dissemination of information about and the sale of contraceptives. Subsequently, the Food and Drug Act was amended to regulate the sale and advertising of contraceptives. The new act legalized the growing network of family planning clinics, made it possible for the Family Planning Federation of Canada to apply for charitable status and enabled the Federal Government to support domestic and foreign family planning activities.

Abortion

The 1969 legislation permits therapeutic abortions in instances when that a woman's physical and/or mental health is in danger. Responsibility for determining whether the individual woman meets the criteria for a therapeutic abortion is vested in therapeutic abortion committees appointed by individual hospitals. There is no compulsion for hospitals to establish such committees. Wide regional disparity exists in the interpretation of the Criminal Code and, thus, in the availability of therapeutic abortions. Nevertheless, there has been steady rise in abortion rate since it became legal. The rate increased from 3.0 per 100 live births in 1970 to 11.2 per 100 live births in 1972.

FAMILY PLANNING ASSOCIATION

History

The Family Planning Federation of Canada was organised in 1963, as the Canadian Federation of Societies for Population Planning and became an IPPF member in the same year. In 1966, it changed its title to the present bilingual form. For some years, the Federation was run by volunteers, and only in 1970 did it open a full-time office.

The Federation has presented four important information briefs to the Federal Government on the legalization of contraceptives, the granting of foreign aid for family planning, the recognition of the importance of contraceptives for the modern status of women, and a statement to the Senate Committee on Poverty. Statements on Abortion, Age of Consent and Population Policy have also been presented during

In November 1969, the Federation became a chartered corporation, and in December, was granted charitable status. By May 1970, five members had also registered as charities. As of October 1973, the Federation has an office staff made up of an Executive Director, a Social Worker, an Information and Education Officer, an Administrative Coordinator and a Demographer to head the newly-formed Population Division.

Address

The Family Planning Federation of Canada,
La Fedération pour la Planification Familiale du Canada
88 Eglinton Ave. East, Room 404,
Toronto 315,
Ontario M4P 1B8
CANADA.

Personnel

President:	Dr. Lise Fortier
Secretary:	Mrs. Josephine M Earn
Executive Director:	Mr. Brian M Strehler
Treasurer:	Mr. George W Cadbury

Services

There are 30 member associations of the Federation.* Three provide clinical services locally and provincially, while the others give information, education, counselling, and referral services in their respective communities.

Education/Information

In its role as the national headquarters for voluntary activities in family planning, the Family Planning Federation of Canada has been involved in a wide variety of activities to promote services and information in this field. For example, it serves as a resource centre for information on family planning and population; it initiates and maintains liaison with federal and provincial governments, international, national, and professional organizations; and it is a source of information and expertise to member associations about training, politics, fund raising, and administration. The member associations have their own information and education activities that are appropriate to the communities where they operate.

The Federation publishes a quarterly Bulletin.

Training

Many associations conduct or sponsor family planning training for professional groups involved with medical services and community welfare. Efforts are being made to include family planning in medical education.

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* See Appendix

Fund-raising

The Federation is also very active in raising funds for family planning programmes in developing countries.

GOVERNMENT

Federal Activities

The philosophy of the federal family planning programme involves a recognition of 1) the right of the individual to control his own fertility, and 2) a responsibility of the Federal Government, in co-operation with provincial and municipal governments and voluntary agencies, to insure that all Canadians have access to the knowledge and means that will enable them to exercise free choice in determining the number and spacing of their children. The federal programme does not have demographic objectives.

The programme of the Family Planning Division includes the purchase, publication and free distribution of family planning and sex education literature to anyone who wants it; consultation to provincial and municipal departments of health, welfare and education; assistance in the training and education of health and welfare personnel; and the administration of a family planning grants programme. The Federal Government also contributes to family planning services in Canada through the federal-provincial shared-cost health programmes and through the Canada Assistance Plan.

In May 1971, the Federal Minister of Health announced a grant of $100,000 to the Family Planning Federation of Canada for an information programme. It was aimed to make it easier for low income groups to get family planning information. The budget for 1973/74 for the Federation and its members is $458,000 with 43,000 grants in kind for education materials.

At the international level, the Federal Government, through the Canadian International Development Agency (CIDA) announced its first official support to family planning overseas in December 1970. During the first two years of this programme CIDA contributed $4.25 million. In 1973/74 fiscal year its contribution to four international organizations was $4.52 million: International Planned Parenthood Federation $1.5 million, United Nations Fund for Population Activities $2.0 million, World Health Organization Expanded Programme for Research $1 million and OECD (population) $15,000.

The International Development Research Centre, a public corporation established by Act of the Canadian Parliament also provides assistance to family planning programmes in developing countries. This assistance has been concentrated in the fields of health care delivery and methods of fertility regulation.

Provincial and Municipal Activities

Under the constitution of Canada the provision of all health and welfare services, except to some native groups who come under federal jurisdiction, is the responsibility of the provincial governments. The trend in family planning policy and programme development at the provincial level has been one of unevennesswith some provincial governments moving boldly ahead, and others proceeding with considerable caution. A few provinces have issued policy statements supporting family planning. Some have extended financial aid to voluntary family planning groups and/or have encouraged local health units to set up family planning clinics. Several municipal governments

OTHER ORGANIZATIONS

SERENA INC. (Service de Régulation des Naissances)

The other national voluntary family planning organization is SERENA, which also receives a family planning grant from the Federal Government. Although SERENA provides information on all methods of contraception, it emphasises the sympto thermal method of birth control and uses "teaching couples" in its programme. In 1973 it was active in eight out of the ten provinces and in correspondence with the remaining two provinces.

ACKNOWLEDGEMENT

IPPF would like to thank both the Family Planning Federation of Canada and the Family Planning Division for their valuable assistance in preparing this report.

Appendix

Members of Family Planning Federation of Canada

The Family Planning Association of Newfoundland Labrador
The Nova Scotia Planned Parenthood Committee
Metro Area Family Planning Association (Halifax)
Pictou County Planned Parenthood Association (Nova Scotia)
Prince Edward Island Family Planning Association
Family Planning Association of New Brunswick
Family Planning Association of Fredericton
Family Planning Association of Sackville
Saint John Planned Parenthood Clinic Inc.
La Fedération du Quebec pour la Planning des Naissances
Family Planning Association of Montreal
Planned Parenthood of Ontario
Family Planning Association of Hastings and Prince Edward Counties (Ontario)
Planned Parenthood of Guelph
Planned Parenthood Society of Hamilton
K/W Planned Parenthood (Kitchener)
Planned Parenthood of London
Planned Parenthood Ottawa, Inc.
Birth Control and Family Planning Association of Peterborough
Family Planning Association of Niagara
Planned Parenthood of Sarnia-Lambton
Family Planning Association of Manitoba
Family Planning Association of Saskatchewan
Family Planning Centre (Regina)
Saskatoon Family Planning Centre
Calgary Birth Control Association
Edmonton Family Planning Services
Family Planning Association of British Columbia (twelve branches)
Yukon Family Planning Association
Northwest Territories Family Planning Association

National Organizations

Anglican Church of Canada
Canadian Home Economics Association
Presbyterian Church of Canada
Salvation Army
United Church of Canada

Situation Report

Distribution *

Country: CZECHOSLOVAKIA Date: MAY 1974

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		127,869 sq. kms.[1.]
Total Population	13,952,000 (1963 est.)[1.]	14,361,557 (1970)[1.]
Population Growth Rate		0.5% (1963-71)[1.]
Birth Rate		16.5 per 1,000 (1971)[1.]
Death Rate		11.5 per 1,000 (1971)[1.]
Infant Mortality Rate		21.6 per 1,000 (1971)[1.]
Women in Fertile Age Group (15-49 yrs)		3,546,157 (1968 est.)[2.]
Population Under 15		24%[3.]
Urban Population	6,453,000	7,647,000[1.]
GNP Per Capita		US$2120 (1971)[4.]
GNP Per Capita Growth Rate		3.8% (1960-71)[4.]
Population Per Doctor		461 (1971)[5.]
Population Per Hospital Bed		99 (1971)[5.]

1. United Nations Demographic Yearbook 1972.
2. United Nations Demographic Yearbook 1970.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

E 017 995

GENERAL BACKGROUND

The social security system includes child and maternity allowances, and paid maternity leave. Family allowances for two or more children were increased in 1973, and low interest loans became available for young married couples. Proportions of these loans are written off by the State on the birth of a child (one fifteenth for the first child, and double that amount for subsequent children). Medical services and treatment are free of charge. The fertility rate per 1,000 women aged 15-44 years was about 77 in 1972. In 1971, there were an estimated 41 abortions per 100 live births. Since 1970, the number of abortions has decreased.

PLANNED PARENTHOOD SITUATION

Contraceptive advice and services are obtainable at hospitals and health clinics. There is no planned parenthood association. All methods of contraception are available. Condoms, oral contraceptives, IUDs and spermicides are manufactured.

Government Policy

The Government favours planned parenthood, but seeks to increase the birth rate. Official concern has been expressed at the dangers of induced abortion. A government campaign is being conducted to dissuade women from seeking abortion and to encourage contraception instead.

Legislation

There is no law against contraception. Male and female sterilisation are legal on medical indications. Since 1973, abortion has been restricted to medical indications, and to women over the age of 40 years, or women with three living children. Social indications, e.g. severe housing or financial difficulties, are also grounds for abortion.

Situation Report

Distribution *

Country DENMARK

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			43,069 sq. kms.[1.]
Total Population		4,581,000	4,993,000 (1972 estimate)[2.]
Population Growth Rate			0.7% (1963-72)[2.]
Birth Rate	18.8	16.7	15.2 per 1,000 (1972)[2.]
Death Rate	8.8	9.5	10.2 per 1,000 (1972)[2.]
Infant Mortality Rate	28.9	21.5	14.2 per 1,000 (1972)[2.]
Women in Fertile Age Group (15-44 yrs)			986,531 (1968)[2.]
Population Under 15			24%[3.]
Urban Population			80.3% (1970)[4.]
GNP Per Capita			US$3430 (1971)[5.]
GNP Per Capita Growth Rate			3.9 (1965-71)[5.]
Population Per Doctor			704 (1970)[1.]
Population Per Hospital Bed			109 (1968)[1.]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. UN Monthly Bulletin of Statistics, November 1971.
5. World Bank Atlas 1973.

017 995

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Denmark was one of the first countries to introduce State social welfare schemes. Principal services cover unemployemnt, sickness, old age and disability, and are financed largely by State subventions. Sickness insurance is compulsory for all citizens over 21 years. Free health services are available from birth till 15 years. Education is free and compulsory for ages 6-15 years. Fertility rate per 1,000 women aged 15-44 was estimated at 75 in 1972.

PLANNED PARENTHOOD SITUATION

Planned parenthood services are available in principle in the public health services through general practitioners.

PLANNED PARENTHOOD ASSOCIATION

Foreningen for Familienplanlaegning,
Aurehøjvej 4,
2900 Hellerup.

President: Dr. A Braestrup.

The Association was officially founded in 1956, but became a full member of the IPPF in 1955.

Government Policy

Planned parenthood is fully integrated in public health services, as is sex education in the school curriculu. The Association cooperates with Ministries of Interior (Health), Education, Justice, Social Affairs, Greenland and Foreign Affairs, as well as with the Municipality of Copenhagen. The Ministry of the Interior finances 90% of the Association's clinic services.

The Association also cooperates closely with the Danish International Development Authority (DANIDA), and is represented on its health committee, as well as on the Council for International Development Cooperation. In 1973, DANIDA granted the IPPF $500,000.

Legislation

Under the terms of the Pregnancy Hygiene Act of 1966 (revised 1973), physicians are obliged to offer free contraceptive advice to women after delivery or abortion. Contraceptive advice is available to all persons over 15 without consent of parents. Legislation came into force on 1 July 1973 permitting sterilisation for men and women over the age of 25, and all women who had been delivered twice, irrespective of age. A law allowing free abortion for all resident women within the first 12 weeks of pregnancy came into effect on 1 October 1973. A comprehensive law on social security came into force 1 April 1973. Under the terms of the law, the administration of national health insurance scheme comes exclusively within the scope of the Government.

Sex education from the age of 7 years has been compulsory since 1971.

IPPF SITUATION REPORT DENMARK

Services and Methods

The Association has two clinics in Copenhagen offering all methods of contraception. The Association distributes most locally manufactured items through pharmacies. Condoms are tested by the Danish Standard Institute Testing Laboratories (DAS). In 1971 the estimated use of methods was 100 women aged 15 to 44 were condoms 9%

Information and Education

Since the assumption of responsibility for the education of the population the Association has concentrated on providing information material for the public in connection with recent changes in legislation to promote the use of contraception, and to the field of family planning education. The Association cooperated with DANIDA in training seminars for teachers and health personnel. The Association has also produced audio-visual educational material for school use.

Radio Denmark plans a large scale information campaign on contraception for young people in cooperation with the Association.

The Association produced in October 1971 a new educational film on abortion.

The Association trains student and postgraduate midwives and organizes lecture courses on planned parenthood for students from other countries.

Situation Report

Distribution *

Country EGYPT

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,001,449 sq. kms.
Total Population	20,461,000	25,920,000	30,075,858 (1966)[1].
Population Growth Rate	2.5%	2.6%	2.5% (1963-72)[1].
Birth Rate	43.8	43.1	34.6 per 1,000 (1971)[2].
Death Rate	19.2	16.9	13.1 per 1,000 (1971)[2].
Infant Mortality Rate	129	109	119 per 1,000 (1970)[3].
Women in Fertile Age Group (15-44 yrs)			approx. 7,000,000[3].
Population Under 15	39.1%	42.8%	40.3% (1970)[3].
Urban Population	34.6%	37.8%	42.1% (1971)[3].
GNP Per Capita	US$115	US$141	US$220 (1971)[4].
GNP Per Capita Growth Rate			1.6% (1960-71)[4].
Population Per Doctor	5,000	2,500	2,025 (1970)[3].
Population Per Hospital Bed	600	490	470 (1970)[3].

1. UN Demographic Yearbook 1972.
2. Provisional local figures.
3. Statistics provided by the Supreme Council for Population and Family Planning.
4. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Egypt has been a Republic since 1953. Its capital, Cairo, is situated at the southern apex of the fertile Nile Delta where the major part of the population lives.

The geography, history and economy of Egypt is dominated by the Nile River flowing from the south to the north of the country. The banks of the river and its delta are almost the only areas which will support an agricultural population. The land area irrigated by the Nile are only about 4% of the total, but 99% of the population live here. The overall population density of Egypt is about 33 per sq. km, but measured in relation to the populated areas the density is about 25 times as high, or around 900 per sq. km.

The pattern of population distribution is reflected in the fact that although still primarily an agricultural country, 42% of the population are classified as urban, the remainder live in large villages.

Language

Arabic is the official language and is spoken by all. French or English are spoken by most educated people.

Religion

About 90% of the population are Muslim, the remainder being mainly Coptic Christians.

Economy

The Egyptian agriculture has been highly developed since the days of the Pharaohs and a classic pattern of intensive farming has emerged, supported by recent land reforms. This is currently being further improved through the use of fertilizers, pesticides, crop-rotation, and water management. The crowning effort has been the construction of the Aswan High Dam. In addition to facilitating irrigation all through Egypt, it will almost double the electricity generating capacity. Against this must be balanced the increased potential for bilharzia, and the increased need for fertilizer in areas which previously were fertilized by silt from flooding. A very wide variety of crops are grown in Egypt, with cotton remaining one of the most prominent in terms of land use, and the most important earner of foreign exchange. The ARE is the world's principal producer of long staple cotton; it accounts for about 40% of the total. Fruits and vegetables are also exported, but some imports of cereals are normally necessary.

Industry is playing an increasingly important part in the economy. A variety of goods are produced including cars, radios and other electrical goods. It should be noted that the supplies of contraceptives for the family planning programme are manufactured in Egypt on the basis of imported raw materials.

Communications/Education

In 1971, there were 132 radio receivers and 16 TV sets per 1000 population. Newspaper circulation in 1969 stood at 22 per 1000 population. There are many channels of radio broadcasting and they are extensively used for educational purposes in all fields, including family planning.

Educational enrollment at all levels in Egypt are amongst the highest in the region. There is, however, a large residue of illiteracy, and state

There are 7 universities in Egypt with 7 attached medical schools. Universities have almost 200,000 students enrolled.

Health and Social Welfare

Free medical care is now available except in the very remotest part of the country. This is aided by the tendency towards settlement in villages of some size and the relatively short distances. Upgrading of the health services is being continued, as well as efforts to combat one of the major health problems, the wide incidence of bilharzia. The intensive irrigated agriculture so typical of Egypt is unfortunately conducive to this disease.

FAMILY PLANNING SITUATION

A government policy was initiated in 1962, and in 1965 a Supreme Council for Family Planning was founded to co-ordinate family planning activities in the country, including voluntary agencies. Private agencies came under control of the newly constituted Egyptian Family Planning Association (EFPA). Family planning, therefore, has full government support and advice is widely available throughout the country. There are over 3,000 Government clinics and 424 EFPA clinics. A national system of registration and reporting on family planning data has been introduced by the Supreme Council.

It has been estimated by the EFPA that about 15% of couples regularly practice family planning by any method; of these approximately 49.8% use oral contraceptives and 38.8% IUD's.

Legislation

There is no legislation adverse to family planning. Abortion is only permitted to save the life or health of the mother but it is estimated that about 123 illegal induced abortions occur per 1000 live births. There has been considerable interest in social change as a means of lowering the population growth rate and some changes in laws relating to personal status have been made in order to secure lower fertility.

FAMILY PLANNING ASSOCIATION

Egyptian Family Planning Association,
5 Taalat Harb St.,
Cairo,
Arab Republic of Egypt.

President: Minister of Social Affairs

Secretary General: Mr. M.el Muslemany

The Egyptian Family Planning Association traces its history back to the National Commission on Population Problems, which was set up in 1953. In 1958 the Commission became the Egyptian Association for Population Studies which became an IPPF member in 1963. In 1966, following the establishment of the National Family Planning Programme, the family planning structure throughout the country was reorganised. All voluntary services including the Association for Population Studies were placed under the auspices of the Egyptian Family Planning Association, which became the IPPF member. The EFPA is now responsible for about 15% of all clinics in Egypt. The activities of the remainder are coordinated by the Ministry of Health.

Services

At the end of 1973 the EFPA was running a total of 424 clinics in all Governorates of Egypt. In the last three years the following number of total visits was recorded:

1971	1972	1973
997,099	1,154,234	1,151,192

Figures for 1973 were as follows:

Method	New Acceptors	Continuing Acceptors
Orals	30,926	1,038,327
IUD	23,485	39,351
Condoms	6,941	12,962

Information and Education

Although running large-scale clinical services, the EFPA concentrates a major part of its activities on information education and training. The aim is especially directed towards innovative pilot programmes which could later act as a model at the National level. At the moment several major projects of this category are being carried out:

Under the supervision of the Alexandria Branch of the EFPA a series of 15 one-minute film and sound spots have been produced. They have been broadcast on radio in Egypt, and the film spots are currently being projected in selected cinemas throughout the country. This project has been supported directly by the IPPF Regional Office for the Middle East & North Africa - Beirut.

The Alexandria branch has also started a Family Planning Registration Bureau, designed to locate and contact immediately all post-partum cases in the Governorate. Apart from these follow-up activities socio-economic studies were made with the data collected during the project and a study was also made of "non acceptors" and the reasons for their attitude. The Association plans to extend this project to include an educational programme for newly married couples. Couples will be reached through the Civil Registration Bureau.

The branch association is also undertaking to train dayas (unregistered midwives) in the concepts of family planning. This is financed by Ford Foundation. Also, a social centre has been established in the village of "Quariat El Prince". The centre aims at teaching health care and home crafts. Once the confidence of the women has been gained the association will gradually introduce them to the concepts of family planning.

In 1973 an initial project was started in one district of Cairo with the aim of discovering the reasons for poor attendance and to improve the administration of services in the district and to conduct an informational and educational campaign. The findings of this research project are currently being studied and will be applied to the remainder of the Cairo Governorate.

The Association is successfully utilising a mobile, self-contained audio-visual unit which tours various governorates according to a long-term plan.

Each year the Association holds a family planning week. In 1973 activities were centred around the 21st anniversary of the IPPF. A commemorative stamp was issued by the Government to co-incide with the Week, a conference held and prizes given to the best clinics. A booklet on "The role of Voluntary Organizations in Family Planning" was published.

In late 1974 the Association plans to hold an expert group meeting on information and education activities for youth. It is intended that, as a result of this meeting, booklets aimed at various groups of young people (students, farmers, factory workers etc.) will be produced. Study groups meetings for young people, parents and teachers are also planned.

Training

The Association arranges numerous training courses for its own personnel, for special target groups and for the Middle East and North Africa Region of the IPPF.

Much of this training takes place at the Alexandria Family Planning and Research Institute which is owned by the Association. In 1973 7 courses were held at the Institute, including 3 on behalf of the IPPF.

Courses were held for Directors of the Governorates Federations' for Social Welfare Societies and also for Social Workers. A seminar for folklore artists was also organised in 1973.

There is strong training activity also at Branch level. Among types of target groups for training have been volunteers, social workers, physicians, nurses, midwives, imams, teachers, labour leaders and local opinion leaders.

Research

The results of a KAP Study performed in the late 1960's are now being processed. An analysis of a random sample of patient record cards is being planned.

Government

The first important manifestation of official interest in family came with the creation of a National Population Commission in 1955, which in 1958 was reorganised and established as the Egyptian Association for Population Studies.

In 1962 Egypt came out strongly in favour of a Population Policy. The National Charter, promulgated by the late President Nasser, stated among other things: "Population increase constitute the most dangerous obstacle that faces the Egyptian people in their drive towards raising the standard of production in their country in an effective and efficient way. Attempts at family planning deserve the most sincere efforts by modern scientific means".

In 1965 a Supreme Council for family planning was created to co-ordinate the National Family Planning Programme which was inaugurated in 1966. All major ministries and other government departments are represented on the Supreme Council, but the major operational responsibility is in the Ministry of Health and the Egyptian Family Planning Association.

In 1973 a 10 year National Population and Family Planning Policy was adopted (1973-82). The demographic objectives of this plan is to maintain a decrease of 1 per 1000 in the crude birth rate over the decade. The main emphasis in the plan is to promote population oriented development which will lead to lower fertility by changing socio-cultural patterns and values. Nine factors are given special attention.

1. Socio-economic standard of the family
2. Education
3. Women's employment
4. Mechanisation of agriculture.
5. Industrialisation
6. Infant and childhood mortality
7. Social Security
8. Family Planning communications and motivation
9. Family Planning services.

In accordance with the new emphasis on Population Planning rather than family planning, the title of the coordinating body was changed to the Supreme Council for Population and Family Planning. The executive body is known as the Population and Family Planning Board. The operational details of the new policy are now being finalised and support is being sought from all international agencies.

Officials

Dr. A Bindary, Chairman.

Address

Population and Family Planning Board
7, Sh. Hussein Hegazi
Cairo
Arab Republic of Egypt.

Services

In August 1972 the Government was operating 3,031 family planning centres; 1,061 were situated in urban areas and 1970 in rural districts.

Acceptor figures were as follows:

	1970	1971	1972
Orals	115,000	87,000	77,000
IUD	44,200	56,224	66,963
Other Methods	34,000	65,000	75,000

(The figures of the EFPA are included in the above)

A laboratory for cytological examinations has been established on the premises of the Cairo Family Planning Society, run by medical staff from Ein-Shams University. Culdoscopy sterilisation is performed occasionaly in Alexandria and Cairo University Hospitals.

Information/Education and Training

The Council carries out various informational and educational programmes including a weekly television programme organized by the Mass Media Communication Section of the Council.

Since its inception, the Executive Board for Population and Family Planning has organised different training programmes for personnel working in the national project. Pre-service training of doctors includes explanation of the population problem, philosophy of family planning, social and religious information, and medical instruction. Some elementary statistics are also included. Social workers and nurses are trained in their respective governorates.

A Demographic Institute is being opened at the Al Azhar University, Cairo. This will serve the whole Islamic world. The UNFPA is providing funds for the Institute.

IPPF Assistance

The IPPF assists the Egyptian Family Planning Association. During the last three years the following cash grants were made:

1972	us$73,000
1973	$80,000
1974	$83,000

Various commodities, including cars, audio-visual equipment and contraceptives have also been supplied.

Other Assistance

The National Family Planning Programme has been receiving large scale support from a number of different international agencies.

The UN specialised agencies and the UNFPA have pledged a total of $9,288,175 in assistance to the programme for the period July 1971-July 1975. The estimated government contribution during the same period is $30,208,000.

Ford Foundation has provided small-scale grants for innovative projects and research in family planning, including $30,000 for 3 projects of the Egyptian Family Planning Association.

The International Development Association approved a loan of US$5 million in November 1973 to help finance a population project in Egypt. The total cost is estimated at US$10.5 million; the rest to be met by the Government. The project provides for the setting up of amongst other things 12 new polyclinics, staff training, multi purpose vehicles and a number of evaluation studies.

Pathfinder Fund has provided grants, equipment and contraceptives since the early 1950's. It has sponsored several IUD research studies.

Population Council has supported several demographic and medical studies and provides aid to two hospitals participating in its International Postpartum Family Planning Programme.

The Canadian International Development Agency provided funds in 1971 for clinical trials of the Copper T device.

Sources

Clarke and Fisher, Population of the Middle East and North Africa. London 1972.

USAID Population Programme Assistance, December 1973.

ARE Supreme Council for Family Planning. Population Control and Family Planning Project, Cairo 1973.

ARE. Population and Development, Cairo 1973.

Fergany. The Development of National Population and Family Planning Policy in Egypt. ECWA Population Conference I/CP.15/E.

D Nortman "Population and Family Planning Programmes: A Factbook." Population Council, September 1973.

Egyptian FPA. Annual Report to IPPF, 1973.

Situation Report

Distribution *

Country FRANCE

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			551,255 sq. kms.[1]
Total Population	41,647,300	45,465,000	51,720,000 (1972 estimate)[2]
Population Growth Rate			0.9% (1963-72)[2]
Birth Rate		18.1 (1964)	16.9 per 1,000 (1972)[2]
Death Rate			10.6 per 1,000 (1972)[2]
Infant Mortality Rate			13.3 per 1,000 (1972)[2]
Women in Fertile Age Group (14-44 yrs)		8,526,474	10,347,500 (1971)[1]
Population Under 15		12,098,392	25%[3]
Urban Population			69.9% (1970)[4]
GNP Per Capita			US$3360 (1971)[4]
GNP Per Capita Growth Rate			4.9% (1965-71)[5]
Population Per Doctor			747 (1970)[6]
Population Per Hospital Bed			139 (1970)[6]

1. Figures provided by Mouvement Français pour le Planning Familial.
2. Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau Inc.
4. UN Monthly Bulletin of Statistics November 1971.
5. World Bank Atlas 1973.
6. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT FRANCE MAY 1974

GENERAL BACKGROUND

Social security is compulsory for all wage-earners and farmers. State Insurance requires contributions from both employers and employees, and provides for health, unemployment, maternity, and family allowances. 80% of physicians subscribe to the state scheme. Partial or total reimbursement of the cost of treatment and medicine is made. Sickness benefits and pensions are related to the insured person's income and the length of time he has been insured. Education is free and compulsory from the ages of 7 to 15 years. Fertility rate per 1,000 women aged 15-44 years was 81 in 1970.

PLANNED PARENTHOOD SITUATION

Advice is available from MFPF (Mouvement Français pour le Planning Familial) centres. Contraceptive services are available from only a small number of MFPF clinics.

PLANNED PARENTHOOD ASSOCIATION

Mouvement Français pour le Planning Familial (MFPF),
2 rue des Colonnes,
75002, Paris-

President: Simone Iff

The Association was founded in 1956, and became an associate member of the IPPF in 1959 and a full member in 1965.

Government Policy

In January 1974, the Government established a Council on sex information, contraception and family education, under the direction of the Ministry of Health, consisting of representatives from government ministries and organisations, and of non-governmental organisations in the field of planned parenthood, marriage guidance, sex education, etc. The MFPF was not invited to participate in the Council. About 4 million francs have been budgetted by the Government for 1974 to establish 400-500 consultation centres giving advice on contraception and sex.

Legislation

The law of 1967, which modified the 1920 law on contraception, only came into full force (i.e. all administrative regulations) at the beginning of 1974. The distribution of contraceptives in family planning centres remains illegal, and advertising of contraceptives in medical journals only is permitted. Abortion is illegal, except when the life of the woman is in danger.

Services and Methods

The MFPF has over 350 centres, of which only 5 actually provide contraceptives (Clermont-Ferrand, Lille, Paris, Rouen and Toulouse). In 1970, about 14% of women aged 15-44 years took oral contraceptives. Illegal abortions are estimated to number 400,000-600,000 annually, i.e. 45 or more per 100 live births.

Information and Education

The MFPF has established sex education and information committees in most Departments. These committees unite MFPF workers, teachers and parent-student associations. The MFPF national sex education committee is responsible for coordinating activities on a national basis. Lectures have been given for both teachers and students and the Association has produced a number of visual aids in this field. A number of national seminars have been organised. Sex education courses in MCH centres have been organised in cooperatives, Trade Union groups etc. There is increasing cooperation with the Trade Unions, and a number of information centres have been opened in factories in large cities. The MFPF works with a number of other national educational and family organisations.

Theoretically sex education has been included in school curricula since July 1973, but in practice little is taught. In January 1974 the government established a committee on sex education to coordinate research on sex and family life education, contraception and teacher training.

Situation Report

Distribution *

Country GERMAN FEDERAL REPUBLIC Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			247,973 sq. kms.[1]
Total Population	47,847,000	52,224,000	61,674,000 (1972)[2]
Population Growth Rate		1.3	0.8 per 1,000 (1963-72)[2]
Birth Rate	16.5	17.8	11.4 per 1,000 (1972)[2]
Death Rate	10.7	11.4	11.8 per 1,000 (1972)[2]
Infant Mortality Rate			23.3 per 1,000 (1972)[2]
Women in Fertile Age Group (15-44 yrs)			11,693,570 (1968)[2]
Population Under 15			25%[3]
GNP Per Capita			US$3210 (1971)[4]
GNP Per Capita Growth Rate			4.2% (1965-71)[4]
Population Per Doctor			561 (1970)[1]
Population Per Hospital Bed			87 (1970)[1]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The Federal social welfare system includes health insurance and child and maternity allowances. Education and health are the responsibility of the States (Lander). Education is compulsory for ages 6 to 18 and primary education is free. Over 80% of the population is covered by national health insurance. More than 28 per cent of the expenditure of the Federal Budget goes to social security contributions. Fertility rate per 1,000 women aged 15-44 years was estimated at 64 in 1971.

PLANNED PARENTHOOD SITUATION

Advice and services are available from the clinics of Deutsche Gesellschaft fur Sexualberatung und Familienplanung (DGSF).

PLANNED PARENTHOOD ASSOCIATION

Deutsche Gesellschaft fur Sexualberatung und Familienplanung, e.V, (DGSF),
Grosse Bockenheimer Str. 15,
6 Frankfurt/Main 1.

President: Dr. J Heinrichs

DGSF was founded in 1952 and was one of the founder members of the IPPF in the same year.

Government Attitude

The Government is at least partly influenced by traditional pronatalist attitudes. DGSF has received little Federal (Ministry of Youth, Family and Health) and municipal financial support for its work. The Government (Ministry of Economic Cooperation) through DGSF gives financial assistance to the Tunisian Family Planning Association Montfleury clinic. In 1973, the Government made a grant of $750,000 to IPPF via UNFPA.

Legislation

There is no law against contraception. Abortion is prohibited, except on serious medical indications. A new Bill which permits abortion on demand within the first three months of pregnancy was approved by the Lower House of the Parliament but rejected by the Upper House in 1974.

Services and Methods

DGSF has branches in all Lander of the Federal Republic, administering 50 clinics, at which all methods of contraception, except the IUD, are available. The IUD is, nevertheless, offered at some university hospital clinics.

It is estimated that 25% of women aged 15-44 years take oral contraceptives.

The annual number of illegal abortions is estimated at 70,000 or 10 per 100 livebirths.

Information and Education

Sex education is obligatory in all secondary schools, although the extent to which it is actually taught varies from state to state. DGSF is increasingly requested by schools to provide speakers, or to lead discussion groups with teaching staff, as well as to organise sex education programmes for schools. Up until now no proper teaching facilities for teaching sex education have

DGSF has a central sex education committee, and some branches have established sex education committees.

The information and public relations committee supervises the production of a quarterly information bulletin, leaflets and posters.

Training

DGSF trains physicians, nurses and midwives. Health students are trained on a voluntary basis. Training in sexual counselling is offered to physicians, social workers, teachers etc. DGSF also organises courses for administrators and courses in public speaking on planned parenthood.

Situation Report

Distribution

Country GREECE

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		131,944 sq. kms.[1].
Total Population	8,480,000 (1963 est.)	8,768,640 (1971)[1].
Population Growth Rate		0.7% (1963-70)[2].
Birth Rate		15.9 per 1,000 (1971)[1].
Death Rate		8.3 per 1,000 (1971)[1].
Infant Mortality Rate		26.9 per 1,000 (1971)[1].
Women in Fertile Age Group (15-49)		2,272,305 (1969 est.)[2].
Population Under 15		25%[3].
Urban Population	3,568,000	5,685,740 (1971)[1].
GNP Per Capita		US$1,250 (1971)[4].
GNP Per Capita Growth Rate		6.7% (1960-71)[4].
Population Per Doctor		616 (1971)[5].
Population Per Hospital Bed		157 (1971)[5].

1. United Nations Demographic Yearbook 1972.
2. United Nations Demographic Yearbook 1970.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

E 017995

* This report is not an official publication but has been prepared for for informational and consultative purposes.

GENERAL BACKGROUND

There is a state social insurance scheme for wage-earners. Everyone is entitled to an old-age pension and sickness benefit. Education is free and compulsory for all children from the age of 6 to 15. The illiteracy rate has been reduced from 42 per cent to less than 10 per cent in the last thirty years.

PLANNED PARENTHOOD SITUATION

Contraceptive advice and services are available at two hospitals in Athens; there is no planned parenthood association.

Government Policy

The Government appears not to have a policy on planned parenthood, although it is thought to be concerned at the birthrate and abortion rate.

Legislation

There is no law against contraception, although advertising of contraceptives is controlled. Sterilisation is legal for therapeutic reasons. Abortion is illegal, except on medical indications, or in cases of rape, incest or seduction of a minor (under 16 years of age); practice is more liberal.

Services and Methods

Condoms are widely available as prophylactics against venereal disease; spermicides and diaphragms are available on a limited scale; IUDs are rarely used, principally in private practice; orals have been available since 1963, and are often sold without prescription; it is illegal to advertise them as contraceptives.

Skilled (but illegal) abortion is widely practised by health personnel (at least 1 for every 3 live births).

Situation Report

Distribution *

JUN 13 1974

Country HUNGARY

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		93,030 sq. kms.[1].
Total Population	10,068,000(1963 est.)	10,315,600 (1970)[1].
Population Growth Rate		0.4% (1963-72)[1].
Birth Rate		14.7 per 1,000 (1972)[1].
Death Rate		11.4 per 1,000 (1972)[1].
Infant Mortality Rate		32.7 per 1,000 (1972)[1].
Women in Fertile Age Group (15-44 yrs)		2.3 million (1972 est.)[2].
Population Under 15		21%[3].
Urban Population	4,136,000	4,648,300 (1970)[1].
GNP Per Capita		US$1250 (1971)[4].
GNP Per Capita Growth Rate		6.7% (1960-71)[4].
Population Per Doctor		492 (1971)[5].
Population Per Hospital Bed		123 (1971)[5].

1. United Nations Demographic Yearbook 1972.
2. Reports on Population/Family Planning, September 1973.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The social security system includes child and maternity allowances and paid maternity leave. A mother staying at home to look after her child below 3 years of age receives a monthly sum; subsequent return to her employment is guaranteed. In 1973, about 65% of all mothers availed themselves of this facility (of 5 million employed in 1973, 42% were women). Education is free and compulsory for ages 7-16 years. Kindergarten facilities for children aged 3-6 years are extensively used. Medical treatment is free; a small proportion of the cost of medicine is charged. The fertility rate per 1,000 women aged 15-44 years was about 65 in 1971.

PLANNED PARENTHOOD SITUATION

Contraceptive advice and services are available in hospitals. All contraceptives are available and manufactured. There is no planned parenthood association.

Government Policy

The Government favours planned parenthood, and supports the provision of advice and services in the health services. Official policy to promote a higher birth rate, and an ideal family size of three children, is indicated in the provisions of the Decision of the Council of Ministers on Population Policy of 18 October 1973 (largely effective, 1 January 1974), which included increases in child care allowances, and a doubling of the maternity benefit.

Legislation

There is no law against contraception. According to the provisions of the Decision of the Council of Ministers on Population Policy, couples about to marry are obliged to seek and be satisfied with appropriate contraceptive advice and instructions. The Decision, and a Decree of the Ministry of Health, permit abortion on request for women aged over 40 years (35 years by 1979); unmarried women; women with at least three living children; and on medical, legal or grave social indications (including lack of accommodation). The woman may be asked to cover the cost of abortion.

Information and Education

In preparation for the introduction in September 1974 of sex education (according to the Decision of the Council of Ministers on Population Policy) at primary, secondary and higher education establishments (including armed services establishments), a programme of teacher training and parents' education will be established. Written material for teacher training and education of health personnel is in preparation. In the initial period, until sufficient trained teachers become available, physicians will be paid to give sex education. The mass media, cultural and social organisations, trade unions, etc. will be expected to support the programme.

Situation Report

Distribution *

Country IRISH REPUBLIC Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			70,283 sq. kms.[1]
Total Population	2,969,000	2,834,000	3,014,000 (1972)[2]
Population Growth Rate			0.6% (1963-72)[2]
Birth Rate	21.4	21.4	22.8 per 1,000 (1972)[2]
Death Rate	12.6	11.5	10.6 per 1,000 (1972)[2]
Infant Mortality Rate			19.6 per 1,000 (1972)[2]
Women in Fertile Age Group (15-44 yrs)			535,900 (1970)[2]
Population Under 15			31%[3]
Urban Population			46.9% (1970)[4]
GNP Per Capita			US$1510 (1971)[5]
GNP Per Capita Growth Rate			4.1% (1965-71)[5]
Population Per Doctor			963 (1966)[1]
Population Per Hospital Bed			80 (1970)[1]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. UN Monthly Bulletin of Statistics, November 1971.
5. World Bank Atlas 1973.

IE 017 995

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Health Service in Ireland operates according to income: all services are available free to lower income groups while upper income groups generally pay. Social Welfare Insurance is compulsory for all manual workers and for those whose annual earnings are less than £1200 (1970).

PLANNED PARENTHOOD SITUATION

Planned parenthood advice and services are available from the clinics of the Irish Family Planning Association in Dublin.

PLANNED PARENTHOOD ASSOCIATION

Irish Family Planning Association (IFPA),
15 Mountjoy Square,
Dublin.

The Association was founded in 1969 and became an associate member of IPPF in 1973.

Government Attitude

Wide public debate on planned parenthood in 1973 put some pressure on the Government to adopt a more liberal attitude. At the end of 1973, the IFPA was served with a summons on two counts of infringing the law.

Legislation

The sale and advertising of contraceptives is illegal. In December 1973, the Supreme Court ruled it unconstitutional for the law to prohibit the import of contraceptives. Oral contraceptives are imported as 'cycle regulators', but condoms are not available. The law against the import of other contraceptives was rigorously enforced. No law prohibits male or female sterilisation. Abortion is not permitted on any grounds.

In March 1974 the Government published proposals for a contraceptive Bill providing for licences for the sale of contraceptives in pharmacies or other suitable retailers. However, under the terms of this Bill an unmarried person faces a fine of up to £100 for buying contraceptives. The Bill might be challenged on constitutional grounds.

Services and Methods

IFPA runs two clinics in Dublin offering all methods of contraception. There are 25 sessions a week, and there were about 10,000 consultations in 1973. Methods in order of preference are: oral contraceptives, IUD, diaphragm and condom. About 7% of married women aged 15-44 years take oral contraceptives.

Information and Education

The IFPA education committee has produced a booklet on planned parenthood which has been widely distributed. Press coverage of planned parenthood is considerable.

IPPF Aid

£7,000 in 1973.

Situation Report

Distribution *

Country JAMAICA Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			10,962 sq. kms.[1.]
Total Population	1,403,000[1.]	1,609,814[1.]	1,865,400 (1970 census)[1.]
Population Growth Rate			1.4% (1963-72)[1.]
Birth Rate	33.1[1.]	43.1[1.]	34.8 per 1,000 (1971)[1.]
Death Rate	11.9[1.]	8.9[1.]	7.4 per 1,000 (1971)[1.]
Infant Mortality Rate	78.3[1.]	51.0[1.]	26.4 per 1,000 (1971)[1.]
Women in Fertile Age Group (15-44 yrs)			400,000 (1970 estimate)[2.]
Population Under 15			46%[3.]
Urban Population		29.5%[4.]	37.6% (1970)[4.]
GNP Per Capita			US$720 (1971)[5.]
GNP Per Capita Growth Rate			3.3% (1960-71)[5.]
Population Per Doctor			2817 (1970)[6.]
Population Per Hospital Bed			261 (1970)[6.]

1. United Nations Demographic Yearbook 1972.
2. Jamaica: Country Profiles. A Publication of the Population Council. April 1971.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. UN Monthly Bulletin of Statistics, November 1971.
5. World Bank Atlas, 1973.
6. UN Statistical Yearbook 1972.

E017 995

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Jamaica is a mountainous Caribbean island with a tropical climate. As only 20% of the territory is arable land, the real population density in some areas is even higher than the average figure of 182 persons per square kilometre. Emigration from the island over the past few decades has been an important factor in the population growth pattern. During the 1950s and 1960s high rates of emigration helped to absorb the natural population increase. Between 1950 and 1962, 190,000 persons emigrated or about 37% of the natural increase. The emigration level dropped following the United Kingdom's legislation restricting immigrants but rose again to 20,000 in 1967 after the relaxation of the quota system in the USA. Emigration continues on a small scale, the majority of emigrants now being the better educated.

A large part of the population is of African descent and the structure of family life is frequently based on a female head. There is a high percentage of illegitimate births and common-law and visiting unions are found alongside regular unions. Real, i.e. legal marriage, is often a status symbol and may take place when the couple have achieved a satisfactory economic position. 27% of births are to teenage mothers.

Jamaica is predominantly rural. There are five urban centres of over 10,000 inhabitants including Kingston, the capital and chief port. According to the 1970 Census the city of Kingston had 117,400 inhabitants.

Jamaica gained its full independence from the United Kingdom in 1962.

Ethnic

The majority of the population is of African descent. There are small Afro-European, Afro-East Indian, and Afro-Chinese groups, as well as small European, Chinese, East Indian and Syrian minorities.

Language

English is the official and commercial language. A dialect of English is widely spoken, and Chinese and Hindi are spoken in the Chinese and East Indian communities.

Religion

The majority of the population belong to Christian churches of which the Church of England and the Baptist Church are the strongest. There are minority groups of Jews and Hindus and some folk religions.

Economy

Agriculture and mining are the chief economic activities. Sugar, molasses, rum and bananas are the main products. Jamaica is a major producer of bauxite and the introduction of processing factories has made her a leading producer of alumina. The tourist trade and remittances from emigrants are also important sources of income. Jamaica is a member of the Caribbean Free Trade Area.

Despite the Government's attempts to diversify the economy, a large part of the working population continues to be employed in agriculture. Jamaica has a serious unemployment problem, the unemployed being estimated at about 30% of the labour force with an unknown amount of under-employment.

Communications/Education

Jamaica's road and railway network chiefly serves the urban areas. The Government has put more emphasis on the building of roads to service the remoter rural areas.

There are two daily newspapers and over 30 other journals and papers, two of which are published in Chinese. Radio and television broadcasts are carried out by the Jamaica Broadcasting Corporation, the Educational Broadcasting Service of the Ministry of Education, and by one other commercial radio company. There were 230 radio receivers and 381 television sets per 1000 people in 1970 and 1971 respectively.

Education is compulsory between the ages of six and 15 years but in fact the shortage of facilities means that the rule is frequently not applied and the overall educational level of the population is low. The Minister of Education is responsible for the provision and administration of educational facilities, and it is the Government's aim to reduce the rate of illiteracy and to provide a school place for every child. In 1960, 18% of the population aged 15 years and over were illiterate.

There are six faculties of the University of the West Indies in Kingston.

Medical/Social Welfare

Public health is the responsibility of the Minister of Health. The island is divided into 45 Medical Districts each in the charge of a Medical District Officer and there are over 100 health centres. There are also 23 general and maternity hospitals. Government spending on the social services, including health, is equal to about 30% of the total of Government expenditure. There is also a private medical sector.

The lack of qualified medical personnel is a serious problem. Many are lost through emigration; for example between 1962 and 1966, 726 of the 784 nurses trained by the Government emigrated.

A compulsory National Insurance Scheme was implemented in Jamaica in 1966 which covers all gainfully occupied persons over the age of 18 years and under retirement age. Benefits cover pensions, sickness, and disablement. The Programme of the Ministry of Youth and Community Development includes various social development projects in particular with young people. Several private charitable organizations are also occupied with social selfare.

FAMILY PLANNING SITUATION

There is a national family planning programme within the Ministry of Health, directed by the National Family Planning Board (NFPB). A private family planning association, supported by the IPPF, has promoted family planning services in Jamaica for many years and now complements the Government programme.

Attitudes

The majority of opinion in the country is in favour of family planning. The Government incorporated its concern over rapid population growth into its Five Year Plan 1963-68. During 1973 the Government further developed its attitude, stating that it considered family planning a matter of highest priority, with the aim of lowering the birth rate from 34.8 per 1000 (1971)to 25 per 1000 by 1977-8.

One result has been the reduction in duty on contraceptives and the widening of commercial outlets for them. Contraceptives have previously been free in family planning clinics, but not elsewhere.

The majority of church leaders are favourable to family planning. A successful seminar held for 28 religious leaders in June 1969 helped to gain their support for family planning activities. The Roman Catholic Church (app. 6-7% of the population are Roman Catholics) has declared that it will not interfere as long as pressures and coercion are not used. It gives sex education classes in all its church schools.

The University of the West Indies actively supports family planning activities, in particular the Departments of Social and Preventive Medicine, Demography and Medicine.

Legislation

There are no legal restrictions on the manufacture, importation, or distribution of contraceptives, and there are no laws prohibiting sterilization.

Abortion is illegal except in some cases when the danger to a woman's mental and physical health is accepted as the legal grounds for an abortion. However, abortions are frequently carried out by a doctor with the support of a second medical opinion. In 1970 the private family planning association stimulated public discussions on repeal of the abortion laws.

During 1973 there were 160 illegal abortions for every 1000 live births.

In late 1973 the Government instigated a study into the relevance of social legislation, such as the age of consent, to present life patterns, to enable future adjustments if necessary.

FAMILY PLANNING ASSOCIATION

History

Private efforts to promote family planning began in Jamaica as early as 1939. In 1957, various small groups affiliated to form the Jamaica Family Planning Association (JFPA), and a national office was set up in 1964. Once the goal of involving the Government in the provision of services had been successfully achieved, the JFPA concentrated on education and motivation. Liaison is maintained with the National Family Planning Board and the JFPA is represented at the former's committee meetings. The Government provides some financial support for the JFPA's programme.

The Association has pioneered many programmes, some of which the Government has now implemented e.g. Health Aides.

The JFPA became a full member of the IPPF in 1965.

Address

Jamaica Family Planning Association Ltd.,
6 Bravo Street,
P.O.Box 92,
St. Ann's Bay,
Jamaica.

Officials

President:	Dr. Lenworth M Jacobs
Secretary/Administrative Assistant:	Mrs. H M Bridgemahon
Programme Coordinator:	Mrs. Mavis Brown
Research and Evaluation Officer:	Miss P Nesbitt

Services

The JFPA runs a small clinic programme to complement the services offered by the Government, comprising of two clinics, in Kingston and St. Ann's Bay.

The clinics offer a wide range of contraceptive methods as well as Pap smear tests. Of a total of 18,388 visits, 1,506 were new acceptors, the following table showing in detail their contraceptive choices.

Contraceptive Method	New Acceptors 1973
Oral	678
IUD	91
Condom	364
Others	373

A Mobile Unit was used by the St. James clinic over a period of six weeks during 1971 and 1972, and was successful in reaching people in rural areas. The unit was used by the NFPB during 1973 and integrated into the Maternal and Child Health clinics.

The Pathfinder Fund Project in the Parish of St. Ann commenced in August 1973 and offers Mobile Family Planning Clinic Services, with special emphasis on the male population. "Male Motivators" publicise the Clinic in advance. The work of the Clinic is analysed and evaluated to provide guidelines on the best ways for mobile services to operate.

Information and Education

The JFPA has established that person-to-person contact is the most effective method of motivation, and hence it places emphasis on fieldworkers. Known as "Encouragement Visitors", they are of a low socio-economic level and visit in their home district, thus ensuring the best inter-personal communication.

Surveys have been conducted on male attitudes to contraception, and their importance in birth control decisions has resulted in a motivation campaign specifically aimed at men.

To follow up this campaign during 1973, further contact was made with hotels, trade schools, factories and other groups which Family Planning Field Officers had previously visited. Discussions were conducted, films and slide shows

Seminars have been held for businessmen, community leaders and Parish Committees. The joint NFPB-JFPA news magazine, "Family Planning News", continued to be produced in 1973, but will in future be a NFPB publication.

A teachers' seminar was organized by the JFPA in 1973, resulting in the formation of a Teachers Action Committee to promote family life education in schools, and the provision of voluntary sex education.

Training

The Government is mainly responsible for training. The JFPA organizes in-service training for Encouragement Visitors, which includes two week pre-service and a one week follow-up course annually. It also runs courses for its family planning educators and the male interviewers.

GOVERNMENT

History

Organized government activity on behalf of family planning began in 1964 when the Ministry of Health announced that the Government would make recognized and effective contraceptive methods available to those who wanted them at government hospitals, and also through private doctors who wished to assist in this kind of work.

In 1966 the Government set up its National Family Planning Unit to encourage the use of contraceptives. The following year the National Family Planning Board was created, receiving full legal status under the National Family Planning Act of August 1970. The 12 members of the Board are selected from the professions, business, government, and the university.

Address

National Family Planning Board,
P.O.Box 287, 5 Sylvan Avenue,
Kingston, 5,
Jamaica.

Personnel

Executive Chairman:	Mr. C H Allison
Vice Chairman:	Dr. Wynante Patterson

Services

Until now family planning services have been provided in the 156 (1971) public health centres only on specific days, but recently they have been made available at any time the centres are open. Advice and contraceptives are supplied free-of-charge. At present there are 40,000 active clients in the National Programme, and the Government is aiming for a total of 100,000 by 1977.

The Government also has an active Community Health Aide Programme, which began in 1972 when 150 Community Health Aides (CHA's) began work in the Parishes of Hanover and St. James. In 1973 this was extended to Kingston. The CHA Programme is designed to take simple health information and services (including nutrition and family planning) to the community, especially the rural areas. The aim is to have 3,600 CHA's by the end of 1974 (300 in each of the 12 parishes).

A Mobile Unit was used during 1973 in the St. James area, and was staffed by a nurse and an Education Officer from the NFPB daily clinic and by mid-wives from the areas visited, with further assistance from the CHA's.

Information/Education

There is an extensive education campaign using a variety of media and person-to-person contact. This work is carried out by family planning education officers and nurses, Ministry of Health field staff, social workers and community Health Aides.

The objective is to promote a nation-wide attitudinal and behavioural change so that there will be an increasing sense of responsibility. Emphasis is placed on in-school education and the high risk group.

A sex education curriculum for schools is being prepared.

Training

To fulfil the Government aims, a massive training scheme is required, necessary for 4,000 persons. Training is mainly in-service, but the curricula at the medical, nursing and social welfare undergraduate level is being redesigned so that every graduate will have some knowledge of family planning and population dynamics.

Training for doctors in laparascopy and vasectomy procedures has begun.

Research and Evaluation

Besides the usual clinical evaluation of activities including the number of new acceptors by method, the reasons for drop out and for the stopping the use of method, analysis into the effectiveness of different methods of distribution is taking place.

Research into the IUD is also taking place, aiming to produce an improved loop by the addition of copper.

Others

The Family Counselling Centre

The Centre was opened in 1967 under the sponsorship of the Roman Catholic Archdiocese in Kingston. In four and a half years it had received 33,000 visits. Its services include family counselling, Pap smear tests, birth control - the oral pill or advice on the rhythm method are available - sex education and pre-marriage courses.

The Director of the Centre is A W Kane, S J

Assistance

In 1970 the World Bank approved a loan of US$2.6 million to support the Government's family planning programme. This was the first loan made by the Bank Group to assist a country in controlling its population growth rate. The loan is contributing to the cost of improving and expanding the Victoria Jubilee Maternity Hospital, of constructing 10 rural Maternity Centres, and of designing training programmes for family planning personnel. It is also helping to finance studies on the optimum use of health clinics in the Kingston area for family planning purposes.

The UNFPA granted US$569,830 to the University of West Indies for a Census Research Programme involving 15 countries and territories in the English speaking Caribbean.

Sources

Europa Yearbook 1972.

Reports from Western Hemisphere Region.

Reports from JFPA.

"Family Planning News" (JFPA-NFPB publication)

Situation Report

Distribution

Country MALTA

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		316 sq. kms.[1.]
Total Population	328,000(1963 est.)	319,000 (1972 est.)[1.]
Population Growth Rate		-0.3% (1963-72)[1.]
Birth Rate		16.8 per 1,000 (1972)[1.]
Death Rate		9.1 per 1,000 (1972)[1.]
Infant Mortality Rate		17.2 per 1,000 (1972)[1.]
Women in Fertile Age Group (15-49)		85,521 (1969 est.)[2.]
Population Under 15		28%[3.]
Urban Population	225,000	270,000 (1970)[1.]
GNP Per Capita		US$860 (1971)[4.]
GNP Per Capita Growth Rate		6.0% (1960-71)[4.]
Population Per Doctor		988 (1971)[5.]
Population Per Hospital Bed		96 (1971)[5.]

1. United Nations Demographic Yearbook 1972.
2. UN Demographic Yearbook 1970.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

E017995

GENERAL BACKGROUND

The National Insurance Act provides for a comprehensive scheme of Social Insurance.

PLANNED PARENTHOOD SITUATION

There is neither a planned parenthood association, nor any organised provision of services. The Government appears not to favour planned parenthood.

The CANA Movement - a Roman Catholic Organisation - has several clinics where the rhythm (temperature) method is taught. A survey (1971) on 381 women under the age of 45 years indicated that 87% practised some method of contraception, but of these, over 70% relied on withdrawal or rhythm, or a combination of these. About 12% used condoms, and 2% oral contraceptives. The IUD and cap are hardly used. Illegal abortion is believed to be rare.

Legislation

The advertising of contraceptives is illegal. A licence is required for the manufacture of contraceptives. Contraceptives other than oral contraceptives (available as menstrual cycle regulators) may not be sold in pharmacies. Abortion is illegal, even on medical indications.

Situation Report

Distribution *

Country NORWAY

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			324,219 sq. kms.[1]
Total Population	3,265,000	3,581,000	3,933,000 (1972)[2]
Population Growth Rate			0.8% (1963-72)[2]
Birth Rate	18.7	17.3	16.6 per 1,000 (1972)[2]
Death Rate	8.6	9.1	10.0 per 1,000 (1972)[2]
Infant Mortality Rate	25.7	18.9	12.7 per 1,000 (1972)[2]
Women in Fertile Age Group (15-44 yrs)			724,714 (1969)[2]
Population Under 15			25%[3]
GNP Per Capita			US$3130 (1971)[4]
GNP Per Capita Growth Rate			3.7% (1965-71)[4]
Population Per Doctor		810 (1964)	686 (1971)[1]
Population Per Hospital Bed			89 (1970)[1]

1. UN Statistical Yearbook 1971.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. World Bank Atlas 1973.

E017995

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT NORWAY MAY 1974

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 7-16. The fertility rate per 1,000 women aged 15-44 years was 86 in 1972.

PLANNED PARENTHOOD SITUATION

Contraceptive advice and services are available in the public health services.

PLANNED PARENTHOOD ASSOCIATION

Norsk Forening for Familieplanlegging (NFF),
Bru Gt. 1,
Oslo.

Chairman: Dr. L Walløe

The Association was founded in 1969, and became an associate member of the IPPF in 1970.

Government Policy

The Government favours planned parenthood, and supports NFF activities through the Ministries of Social Affairs, Health, Family and Consumer Affairs and Education and Ecclesiastic Affairs.

The Nowegian Agency for International Development (NORAD) made a grant, in 1973, of $1,180,000 to the IPPF.

Legislation

There is no law against contraception. Male and female sterilisation are legal on certain indications. Abortion is permitted on socio-medical indications before 12 weeks, with husband's consent if married.

Services and Methods

All contraceptives are available, and orals are manufactured. In 1971, 8% of women aged 15-44 years took oral contraceptives; the abortion ratio was 16 per 100 live births.

Information and Education

The revised school curricula include compulsory sex education. The NFF organises sex education courses for teachers at all levels, and is producing a programme for teachers in cooperation with the University of Oslo. An NFF working group is preparing sex education teaching material for schools. The NFF has produced, in association with a publishing company, a contraception teaching kit for junior and secondary schools. The health services of Norway have produced a film entitled 'Family Planning and Contraception', which has been released in commercial cinemas.

Training

Planned parenthood is included in curricula of the medical schools and in schools for nurses and physiotherapists. NFF organises training courses for teachers and pharmacists.

Situation Report

Distribution *

Country SABAH

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			73,711 sq. kms.[1.]
Total Population	330,000	454,429	699,000 (1972)[1.]
Population Growth Rate			3.7% (1963-72)[1.]
Birth Rate	53	33	48.0 per 1,000 (1965-70)[1.]
Death Rate			12.5 per 1,000 (1965-70)[1.]
Infant Mortality Rate			31.1 per 1,000 (1965-70)[1.]
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15			n.a.
Urban Population			108,263 (1970)[1.]
GNP Per Capita		US$215	US$360[2.]
GNP Per Capita Growth Rate			6.3% (1970)[2.]
Population Per Doctor	11,000	13,000	8,313 (1971)[3.]
Population Per Hospital Bed			427 (1968)[3.]

1. UN Demographic Yearbook 1972.
2. Figure provided by the Family Planning Association.
3. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

E017 995

GENERAL BACKGROUND

Sabah is one of the thirteen component states of Malaysia. Located in East Malaysia on the island of Borneo, it is a mountainous terrain of dense tropical forest. The coastal plains are alluvial and swampy, intersected by numerous rivers and fertile valleys. The capital is Kota Kinabalu, and according to the 1970 census had a population of 40,939. According to the 1970 census, there were 121,625 households with an average of 5.4 persons per household. Density is 9 persons per square kilometre.

Ethnic Groups

In 1970 there were 185,000 Kadazans, 139,000 Chinese, 18,000 Malay, 234,000 other indigeneous population and 77,000 others as Indians, Europeans and Pakistanis.

Languages

The official language is still English but Bahasa Malaysia, is being used increasingly in the State's public affairs, administration, education and commerce.

Religions

Islam is the main religion. However, there are a number of Animisits and other religions such as Christianity, Hinduism, Sikhism, Buddhism, Confucianism, Taoism are prevalent.

Economy

Sabah is well endowed with natural resources although it is only partly developed and some resources have not yet been explored. Sabah's general economic growth has been stimulated by recent substantial investments in the public and private sectors, finances mainly by proceeds from its timber wealth. More than 80% of the state is covered by a primeval forest whose exploitation has today become Sabah's principal source of wealth. Considerable investments have also been made in the agricultural sector; rubber is still the main crop, followed by coconuts, and oil palm. The principal exports are timber, rubber and copra. The main trade partners are Japan, Singapore, U.S. and U.K.

Communications/Education

The Department of Broadcasting, since 1955, broadcasts programmes for 126 hours a week in Malay, English, Chinese, Kadazan, Murut, Indonesian and Bajau. 46,187 radio licences were issued in 1970. Television has recently been introduced. In 1970, there were 11 daily newspapers.

Free primary education has been introduced. In 1971, there were 711 primary and 91 secondary schools. There were also 2 technical and vocational schools.

Medical

In 1968, there were 13 hospital establishments with 1,429 beds. 83 physicians, 15 dentists, 786 nursing and 440 midwifery personnel provided medical services in 1971. Life expectancy is 55.1 years.

FAMILY PLANNING SITUATION

The Government has no official family planning programme, but provides monetary and other assistance and support to the Sabah Family Planning Association, which is the only agency with organised family planning activities. In 1973 the FPA received M$10,000 from the Government for the opening of the headquarters building and for the family planning week.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION

Sabah Family Planning Association,
P.O.Box 1361,
Kota Kinabalu,
Sabah,
East Malaysia.

Officials

Chairman:	Encik Michael Tan K B
Vice-Chairman:	Datin Hilda Teoh
Hon. Secretary:	Mr. Philip Yap T N
Hon. Treasurer:	Mr. Peter Liew
Administrative Secretary:	Mr. Henry Chai

History

The Sabah Family Planning Association was founded in early 1967 when a Council of Management was formed. Initially the branches at Kota Kinabalu and Sandakan were providing clinical facilities. Besides these, the travelling Rural Health Personnel also carried out motivation and education in rural areas. A third branch was established in 1973 in Tawau, the third largest town in Sabah.

Services

The FPA has 2 main clinics - in Kinabalu and in Sandakan - which operate through the outstations and sub-clinics in the timber-camps, agricultural estates and kampongs. A third branch was opened in 1973 in Tawau to extend clinical services in the coastal and rural areas. It is already operating 3 subcentres - two in the district and 1 in the estate. In 1973 there were 3,817 new and 43,266 continuing acceptors. Of the new acceptors 3,354 chose oral contraceptives, 93 IUDs, 2 injectables and the others conventional contraceptives. Sterilisation cases are referred to government hospitals and are not included in the above total.

Information and Education

All government publicity channels like the broadcasting and information departments are used by the FPA in its I&E campaign. Due to poor transport, radio and TV are widely used. Seminars, lectures, exhibitions and essay competitions have also been organised. Social fieldworkers of the Government departments are used by the Association for person to person motivation.

The Association is also including family life education in courses organised by the Community Developemnt Centre.

Training

In 1973 training was provided to 44 association, 160 government and 20 other personnel in contraceptive techniques, family planning education and clinic management. The Association hopes to develop a proper family planning training curricula which will be used by the Government Medical and Agricultural Departments in their training schemes.

Plans

With the completion of the Association's headquarters building and the setting up of the new branch in Tawau, the Association hopes to expand its I&E and clinical activities. It is also hoped to make a study of the drop-out cases for increasing the efficiency of the Association's clinical activities.

Assistance

IPPF - provides annual grant to the Association.

References

Annual Report 1973 - Sabah Family Planning Association.

Far East & Australasia 1973. Europa Publications Ltd., London, U.K.

Situation Report

Distribution *

Country SARAWAK Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			124,450 sq. kms.[1.]
Total Population	585,000	744,529	1,080,000 (1972)[1.]
Population Growth Rate			3.4% (1963-72)[1.]
Birth Rate		25.3	48.0 per 1,000 (1965-70)[1.]
Death Rate	8.6	5.8	12.5 per 1,000 (1965-70)[1.]
Infant Mortality Rate	94.4	60.0	30.6 per 1,000 (1965-70)[1.]
Women in Fertile Age Group (15-44 yrs)			202,093[2.]
Population Under 15			n.a.
Urban Population			n.a.
GNP Per Capita		US$175 (1958)	US$360 (1970)[2.]
GNP Per Capita Growth Rate			6.3% (1970)[2.]
Population Per Doctor	16,000 (1953)	14,000	11,111 (1971)[3.]
Population Per Hospital Bed		380 (1966)	472 (1971)[3.]

1. UN Demographic Yearbook 1972.
2. Figure provided by the Family Planning Association.
3. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Sarawak is one of the thirteen component states of Malaysia. Located in East Malaysia on the island of Borneo, it is covered extensively by forests and, as such, large areas are still uninhabited except for scattered bands of nomadic Punans. The capital is Kuching, with a population of 63,535 (1970 census). According to the 1970 census, there were 167,726 households with an average of 5.8 persons per household. Density is 8 persons per square kilometre.

Ethnic Groups

In 1970 there were 294,000 Chinese, 183,000 Malays, 386,000 Land Dayaks 103,000 other indigeneous population and 10,000 others such as Indians and Europeans.

Languages

The official language is English but Bahasa, the national language, is being widely used in the State's public affairs, administration, education and commerce.

Religion

Islam, Christianity, Hinduism, Sikhism, Buddhism, Confucianism, Taoism.

Economy

Mainly dependent on agriculture, timber and rubber. The principal exports are rubber, pepper, sago and timber. Crude oil has been discovered and at the moment the economy is booming. The main trade partners are Japan, Singapore, U.S.A. and U.K.

Communication/Education

Government owned Radio Malaysia (Sarawak) broadcasts in Malay, English, Land Dayak, Chinese, Iban, Bidayul, Melanau and Kayan/Kenyah. In 1972 there were 343,228 licenced radio receivers. Schools broadcasting service started in 1959. There are 11 daily newspapers, most of them in Chinese, Malay and English.

Primary schools are run by local authorities, missionary bodies and a large group by Chinese committees. Except for the latter, all primary schools use English as the medium of teaching. In 1970 there were 1,331 primary and secondary schools.

Medical

In 1971 there were 17 hospital establishments, 90 physicians, 159 dentists, 435 nurses and 636 midwifery personnel providing services. Life expectancy is 55.1 year.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING SITUATION

All family planning activities for the present depend on the voluntary Sarawak Family Planning Association. The Government is giving generous assistance by providing facilities for clinics, grants, and land for the Association's building. Many of the Governments paramedicals were trained by the Association in family planning.

FAMILY PLANNING ASSOCIATION

Address

Sarawak Family Planning Association,
SFPA Hq. Building,
Jalan Jawa,
P.O.Box 788,
Kuching,
Sarawak.

Officials

Chairman:	Dr. M N G Mazumdar
Vice-Chairman:	Enche Mohd. Amin bin Haji Satem
Hon. Gen. Secretary:	Mr. Yong Khoon Seng
Hon. Treasurer:	Mr. Goh Kheng Ley
Hon. Adviser:	Dr. Chong Chun Hian
Administrative Secretary:	Mr. C K Lam
Training/Public Relations Officer:	Mrs. Dennis Law

History

The Sarawak Family Paanning Association was founded in 1962, following a visit by Dr. Sivapragasm of the IPPF South East Asia and Oceania Regional Council. Beginning its work in the urban and semi-urban areas, the Association has since 1964 extended its services in rural areas. In 1972, a proposal was submitted by the Association to the United Nations Fund for Population Activities (UNFPA) for assistance mainly in the training field. The Association has the support of the Government and has good relations with other non governmental organisations. In 1973, the Government gave a M$20,000 grant to the Association. The Association is a member of the Sarawak Social Welfare Council. Training programmes were carried out with Women's Institute and Police and Military Families Associations.

Services

The Association provides clinical services through 8 urban and 81 rural clinics. The rural clinics are situated in Maternal & Child Health clinics, operated by local government midwives and supervised by the Association's staff at urban clinics. The midwives are paid allowances for the services rendered. In 1973, there were 8,528 new and 63,003 continuing acceptors. Of the new acceptors, 7,720 accepted orals, 388 IUD and 420 other conventional methods. 892 female sterilisation cases were referred to government hospitals.

Information and Education

The Association's I&E programme conducted in English, Chinese, Malay and Iban uses all methods of communication including press, radio, film shows, lectures, exhibitions and competitions. Interpersonal motivation and education is given priority and in 1973, six social fieldworkers and seven family planning motivators were providing this service.

Training

In 1973 the Association provided training to 6 Association personnel in contraceptive techniques; 654 government personnel and 4 others in family planning education; and 3 Association personnel in clinic management. In the coming years, the Association hopes to expand its training activities considerably to include not only its own staff midwives and paramedicals but also rural teachers, agricultural personnel and other professionals.

Assistance

IPPF - provides an annual grant to the Assoication.

Sources

Annual Report 1973 - Sarawak Family Planning Association.

Far East and Australasia 1973, Europa Publications Ltd., London, U.K.

Situation Report

Distribution *

Country SPAIN Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839 2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		504,782 sq. kms[1].
Total Population	31,393,000 (1963 est.)[1].	33,956,376 (1970)[1].
Population Growth Rate		1.1% (1963-72)[1].
Birth Rate		19.4 per 1,000 (1972)[1].
Death Rate		8.2 per 1,000 (1972)[1].
Infant Mortality Rate		18.5 per 1,000 (1972)[1].
Women in Fertile Age Group (15-44 yrs)		7.3 million (1972 est.)[2].
Population Under 15		28%[3].
Urban Population	13,089,000	16,430,000 (1970)[1].
GNP Per Capita		US$1100 (1971)[4].
GNP Per Capita Growth Rate		5.6% (1960-71)[4].
Populatio Per Doctor		745 (1968)[5].
Population Per Hospital Bed		218 (1968)[5].

1. United Nations Demographic Yearbook 1972.
2. Reports on Population/Family Planning, September 1973.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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IPPF SITUATION REPORT SPAIN MAY 1974

GENERAL BACKGROUND

National insurance is compulsory for all employed or self-employed people, and includes coverage of temporary incapacity to work, accident insurance, pensions and unemployment. Education is compulsory and free from the age of 6 to 14.

PLANNED PARENTHOOD SITUATION

There is no planned parenthood association; advice and services are available in a few hospitals - Barcelona, Bilbao and Madrid. The Government does not favour planned parenthood.

Oral contraceptives are available (as cycle regulators) on prescription from private physicians; condoms are available as prophylactics against venereal disease; IUDs are manufactured (to enhance fertilisation by keeping uterine cavity open). In 1971, about 2% of women aged 15-44 years took oral contraceptives.

Lectures are given to medical students at the University of Barcelona and in a Bilbao hospital.

Legislation

Contraception and sterilisation are illegal. Abortion is illegal, except when the woman's life is in danger.

IPPF Aid

£2,000 in 1973.

Situation Report

Distribution *

Country TAHITI (FRENCH POLYNESIA) Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			4,000 sq. kms.[1.]
Total Population	61,000	80,000	127,000 (1972)[1.]
Population Growth Rate			4.3% (1963-72)[1.]
Birth Rate	42.4	54.1 (1961)	45.7 per 1,000 (1968)[1.]
Death Rate		12.2 (1961)	9.1 per 1,000 (1968)[1.]
Infant Mortality Rate		100.3 (1961)	52.4 per 1,000 (1967)[2.]
Women in Fertile Age Group (15-44 yrs)			16,873 (1962)[2.]
Population Under 15			n.a.
Urban Population			n.a.
GNP Per Capita			US$2,040 (1971)[3.]
GNP Per Capita Growth Rate			8.4% (1960-71 average)[3.]
Population Per Doctor			2,034 (1971)[4.]
Population Per Hospital Bed			110 (1970)[4.]

1. UN Demographic Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. World Bank Atlas 1973.
4. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

E017 995

GENERAL BACKGROUND

French Polynesia covers a vast area of small islands. Tahiti is the main island of the Isles du Vent. French Polynesia is an overseas territory of France. Capital is Papeete with a population of 43,000. Average size of household is 5.0. Population density is 32 people per square kilometre.

Ethnic Groups

Polynesian - 70,000; Asiatic - 8,000; European - 2,000.

Religion

55% Protestant; 30% Roman Catholic.

Language

The official language is French. Tahitian is also used.

Medical

In 1970 there were 32 hospital establishments with about 1,000 beds. 59 physicians, 9 pharmacists, 226 nurses and 24 midwives provided services in 1971.

Economy

The principal crops are copra, coffee and vanilla, and these are also exported. The main trade partners are France, New Zealand, USA and the European Economic Community countries.

Communications/Education

In 1970 there were 40,000 radio receivers and 800 television sets in use. The 4 daily newspapers had a circulation of 11,000 in 1971. There were also 3 cinemas in 1969 with a seating capacity of 1,700. Education is based on the French system.

FAMILY PLANNING SITUATION

Section VI of the new French law enables local government to pursue positive family planning policies.

Two voluntary associations for family planning have been formed.

FAMILY PLANNING ASSOCIATIONS

Comite pour le Planning Familialde la Polynesia
Francaise (formed July 1969),
"Te Utuafare Oaoa",
c/o service d'Hygiene Territorial de la Polynesie Francaise,
Papeete,
Tahiti.

President:	Mme. A De Balmann-Tourneux
Vice Presidents:	M A Ellacott
	Mme. T Le Gayic
Treasurer:	Mme. Builles
Secretary:	Mme. Rousselin

Mouvement Polynesien pour le Planning Familial (formed in 1968),
B.P. 676,
Papeete,
Tahiti.

President:	Mme. Arlette Viale-Dufour
Secretary:	Mme. Luciani
Treasurer:	Mme. Faugerat-Lynch

MPPF has a centre at 3, rue de la Canonniere Zelee, and the services include contraception and sex education.

Reference

Far East & Australasia 1973, Europa Publications Ltd., London, U.K.

Situation Report

Distribution *

Country TONGA

Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			699 sq. kms.[1]
Total Population	48,000	63,000	91,000 (1971)[1]
Population Growth Rate		2.9	3.2% (1963-71)[1]
Birth Rate	39.3	36.5	28.3 per 1,000 (1971)[1]
Death Rate	9.2	4.6	3.2 per 1,000 (1971)[1]
Infant Mortality Rate	44.7	15.5	16.0 per 1,000 (1971)[1]
Women in Fertile Age Group (15-44 yrs)			15,508 (1966)[2]
Population Under 15			n.a.
Urban Population			n.a.
GNP Per Capita			US$300 (1971)[3]
GNP Per Capita Growth Rate			3.3% (1960-71)[3]
Population Per Doctor			3,214 (1970)[4]
Population Per Hospital Bed			390 (1969)[4]

1. UN Demographic Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. World Bank Atlas 1973.
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

E017 995

GENERAL BACKGROUND

Tonga, formerly an independent kingdom under British protection achieved full independence in June 1970 and joined the Commonwealth. Tonga consists of 158 islands in the South Pacific. The capital is Nuku'alofa with a population of 15,685. The density is 130 people per square kilometre.

Language

The official language is English. Tongan, Fijian and Samoan are also spoken.

Religion

Most Tongans are Christian, the majority (77%) being Wesleyan Methodists.

Economy

Subsistence agriculture is the basis of economic life. The Tongan land system is unique, in that every male adult is allotted 8.5 acres of land for individual garden cultivation. However, under the 1965-70 and 1970-75 Development Plans attention is given to coconut replanting, in order to restore the copra industry, which with bananas, forms the basis of its export trade. The main trade partners are the Commonwealth countries.

Communications/Education

Broadcasting is administered by the Tonga Broadcasting Commission in English and Tongan. In 1971, there were 8,000 radio receivers in use, i.e. about 89 per 1,000 population. 5 cinemas with a seating capacity of 3,600 were operating in 1969. A weekly newspaper in Tongan and English sponsored by the Government has a circulation of 19,200. Education is free and in 1970, there were 129 primary and 21 secondary schools. The Teachers Training College is situated in Nuku'alofa.

Medical

Medical treatment is free which is provided by the state and the churches. In 1970, there were 7 hospital establishments with 223 beds. 28 physicians, and 90 nurses, and 36 midwifery personnel provided services in 1971.

Legislation

No information.

FAMILY PLANNING SITUATION

There is a Family Planning Association in Tonga. The Government has provided family planning services since 1958. The Prime Minister, H H Prive Tu'ipelehake has agreed to serve as Patron of the Tonga Family Planning Association. Most opinions, including those of the Church are in favour of family planning.

FAMILY PLANNING ASSOCIATION

Address

Tonga Family Planning Association,
P.O.Box 80,
Nuku'alofa,
Tonga

IPPF SITUATION REPORT TONGA MAY 1974

Officials

President:	Mr. Lupeti Finau
Vice-President:	Dr. Richard Robinson
Treasurer:	Mr. Villami Afeaki
Secretary:	Mrs. Ala Luani

History

The Tonga Family Planning Association was formed in November 1969 with guidance from the Family Planning Association of Fiji. The long range goal of the Association is to reduce the birth rate to approximately half its present level so that Tonga's population will grow no faster than a manageable 1% a year. The Association at present gives priority to information and education activities.

The Association is making efforts to meet the following objectives:

a) to convince as rapidly as possible all influential members of family planning;

b) to publicize family planning in the villages and in the schools through films, signposts, radio broadcasts, speeches and debates;

c) to assist the Medical Department in every way in its programme to make family planning information and supplies available to all the people ot Tonga.

Government Programme and History

Tonga's interest in family planning started in 1953 when the Minister of Health and Land presented a paper on population in relation to resources at the second South Pacific Commission Conference. At the next South Pacific Commission Conference in 1956, Tongan delegates suggested family planning means and guidance be given to mothers at MCH clinics. In 1958, nurses were trained in family planning and in 1965 the Government decided to start a Family Planning project. A doctor was sent to Fiji for training in insertion of IUDs and IUD services were provided in Vaiola Hospital MCH clinic. In December 1967 a seminar on MCH and family planning was held in Nuku'alofa and a programme offering family planning services in all twenty Tongan MCH clinics was planned.

Dr. Mumui Tatola is the medical officer in charge of family planning in Tonga.

Training

During the 1967 seminar, eight doctors received some training in IUD insertions.

Others

Pathfinder - supplied condoms.

Population Council - supplied 2,000 IUDs.

References

The Far East and Australasia 1973, Europa Publications Ltd., London, U.K.

Situation Report

Distribution *

TURKEY

Date MAY 1974

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		780,576 sq. kms.[1]
Total Population	29,655,000 (1963)[1]	35,666,549 (1970)[1]
Population Growth Rate		2.5% (1963-72)[1]
Birth Rate		39.6 per 1,000 (1967)[1]
Death Rate		14.6 per 1,000 (1967)[1]
Infant Mortality Rate		153.0 per 1,000 (1967)[1]
Women in Fertile Age Group (15-49yrs)		6,834,227 (1965)[2]
Population Under 15		42%[3]
Urban Population	8,725,000[2]	13,785,565 (1970)[1]
GNP Per Capita		US$340 (1971)[4]
GNP Per Capita Growth Rate		3.7% (1960-71)[4]
Population Per Doctor		2,187 (1971)[5]
Population Per Hospital Bed		479 (1971)[5]

1. United Nations Demographic Yearbook 1972.
2. United Nations Demographic Yearbook 1970.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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IPPF SITUATION REPORT TURKEY MAY 1974

GENERAL BACKGROUND

Social insurance is provided for wage-earners. Education is free and compulsory for ages 7 to 12 years. Literacy in 1965 was 40% of those aged 6 or over.

PLANNED PARENTHOOD ASSOCIATION

Turkiye Aile Planlamasi Dernegi (TAPD),
Mesrutiyet Caddesi 31/13,
Ankara.

President: Dr. A Ustunoğlu

The TAPD was founded in 1963, and became an associate member of the IPPF in 1965, and a full member in 1973.

Government Policy

The Government population planning programme was instituted in 1965. The Government gives financial support to TAPD.

Legislation

The Population Planning Law of 1965 encourages the provision of planned parenthood services. A bill is in preparation to integrate planned parenthood with the MCH service under one Directorate. Abortion is permitted on medical grounds only. A bill to liberalise abortion is in preparation.

Services and Methods

There are 36 TAPD branches, and 17 fixed and 5 mobile clinics. There are about 570 government health centres. In 1971, at TAPD clinics, the most popular methods among new patients were oral contraceptives and IUD.

Planned Parenthood Training

Training at national level for physicians and midwives is given at the Maternity Hospitals and State Hospitals in many provinces. Planned parenthood is included in the curricula of some medical schools and the schools for nurses.

Information and Education

TAPD has translated and published a book for religious leaders, a handbook for TAPD field educators, and a leaflet on contraceptive methods. TAPD has offered its services to the Ministry of Education in preparing the groundwork for the introduction of sex education into the secondary school curriculum.

Situation Report

Distribution *

Country UNITED KINGDOM Date MAY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			244,013 sq. kms.[1]
Total Population		53,792,000	55,788,000 (1972)[2]
Population Growth Rate			0.4% (1963-72)[2]
Birth Rate	15.9	17.5	14.9 per 1,000 (1972)[2]
Death Rate	12.5	11.5	11.9 per 1,000 (1972)[2]
Infant Mortality Rate	31.0	22.5	17.9 per 1,000 (1972)[2]
Women in Fertile Age Group (15-46 yrs)			10,279,040 (1971)[2]
Population Under 15			24%[3]
Urban Population			80.7% (1970)[4]
GNP Per Capita			US$2430 (1971)[5]
GNP Per Capita Growth Rate			1.8% (1965-71)[5]
Population Per Doctor			787 (1971)[1,6]
Population Per Hospital Bed			110 (1971)[1,6]

1. UN Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
4. UN Monthly Bulletin of Statistics, November 1971.
5. World Bank Atlas 1973.
6. England and Wales only.

E017995

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT UNITED KINGDOM MAY 1974

GENERAL BACKGROUND

The United Kingdom comprises England, Wales, Scotland and Northern Ireland. The social welfare system includes a largely free-of-charge National Health Service (NHS), and child and maternity allowances. Education is free-of-charge and compulsory for ages 5-16 years. The fertility rate per 1,000 women aged 15-44 years was about 77 in 1972.

1. BRITAIN

PLANNED PARENTHOOD SITUATION

Advice and services are available from local health and hospital clinics, from general practitioners and from Family Planning Association clinics. In 1974, contraceptive services became fully integrated with the NHS, where advice and supplies are available free-of-charge.

A government survey published in mid-1973 ("Family Planning Services in England and Wales", by Margaret Bone) found that of roughly 4 million women at risk (those not pregnant nor planning to be) less than a third were current users of contraceptive services. Of the current married users of services, twice as many women receive the advice from their General Practitioners as from family planning clinics. Overall, the most common current method was the condom used by over a third of women at risk, followed by the pill, used by a quarter, and withdrawal by a fifth.

PLANNED PARENTHOOD ASSOCIATION

The Family Planning Association (FPA),
Margaret Pyke House,
27-35 Mortimer Street,
London W1A 4QW.

Chairman: Lady Tewson

Founded in 1930 as the National Birth Control Association, it changed its name in 1939 to the Family Planning Association. The FPA was a founder-member of the IPPF.

Government Policy

The NHS (Family Planning) Act for England and Wales (1967) permits local authorities to provide planned parenthood services. The Health Service and Public Health Act (1968) for Scotland gives local health authorities powers to provide planned parenthood services.

The FPA cooperates with area health authorities in providing services through the National Family Planning Agency Scheme on behalf of the National Health Service.

A population panel established by the government in 1972 reported (the Ross Report) in 1973, and as a result in December 1973, population was made a ministerial responsibility. The British government, through the Overseas Development Administration (ODA), granted $1,470,000 to IPPF in 1973.

Legislation

There is no legislation against contraception. Abortion is legal on broad socio-medical indications.

Services and Methods

About 70 clinic services are provided by local health authorities, and an increasing number of local health authorities and hospitals offer services free-of-charge. Through its 29 branches, the FPA administers about 1,000 clinics which, in 1973, served over 800,000 clients: of new patients, 59.5% chose oral contraceptives, 11.4% IUD, 6.2% diaphragm, 4.3% condom and 4.0% vasectomy. In 1973, the FPA provided about 80 domiciliary planned parenthood services for local health authorities. Contraception is provided free-of-charge as part of the NHS. Contraception from doctors and private clinics must be paid for. Many physicians consider contraception a public health service, and do not charge for prescription.

In 1973, the annual number of legal abortions on women resident in Britain was about 120,000 (16 per 100 births), 63,000 in NHS hospitals free-of-charge.

A separate FPA company (Family Planning Sales Limited) markets FPA brands of contraceptives.

Training

The Department of Health and Social Security makes an annual training grant to the FPA, which has trained a large number of health personnel and clinic administrators.

Contraception is taught in some medical schools.

Information and Education

The FPA conducts training courses for speakers on sex education for different groups - schools, youth organisations, factories, etc.

The FPA produces a wide range of leaflets on different aspects of planned parenthood. 50,000 copies of a paperback for teenagers, Learning to Live with Sex (1971), have been sold. The FPA publishes Family Planning (quarterly) and Family Planning News (monthly). A comic on birth control for teenagers ("Too Great A Risk") was started by one of the branches, and received wide distribution.

An FPA community project, 'Grapevine', aims at informing young people about planned parenthood via coffee-bars, pubs, discos etc.

Fundraising

The FPA Family Planning International Campaign, 'Population CountDown', raised just under £75,000 in 1973.

2. NORTHERN IRELAND

PLANNED PARENTHOOD SITUATION

There is no law in Northern Ireland against contraception. However, neither the NHS (FPA) Act 1967, nor the Abortion Act 1967, extend to Northern Ireland. Local health authorities are responsible for planned parenthood services, and there are about 12 clinics.

PLANNED PARENTHOOD ASSOCIATION

Northern Ireland Family Planning Association,
Bryson House,
28 Bedford Street.